

UNC HOSPITALS

# Division of Nursing



UNC  
HEALTH CARE

**2008 Fiscal Year Nursing Annual Report**

# UNC Hospitals Division of Nursing

## Mission Statement

The mission of Nursing at the University of North Carolina Hospitals is to be a leader in providing compassionate, quality care focusing on the unique needs of patients and their families.

## Core Values

We care about:

### • *My Patient*

The needs of our patients and their families guide our nursing care.

### • *My Team*

We are committed to fostering an environment that promotes respect, positive communication, and collaboration among all members of the patient/family/healthcare team.

### • *My Hospital*

Our practice reflects the Hospitals' vision of "Leading, Teaching, Caring."

### • *My Community*

We are dedicated to serving the people of North Carolina and all who come to us for care, honoring their unique and diverse needs.

### • *My Profession*

We are committed to excellence in nursing by creating a culture of lifelong learning that integrates evidence-based practice, research and professional development.

## Philosophy

The philosophy of Nursing at the University of North Carolina Hospitals reflects the vision and values of our organization. We support an environment that promotes professional nursing practice and which emphasizes several key principles:

- Nursing care for each patient and family is individualized, compassionate, and culturally appropriate.

- Nurses collaborate with patients, families, and other health team members to plan and provide nursing care that will achieve an optimal level of health and wellness, or when this is not possible, support the experience of loss and death.

- Holistic, coordinated, and effective patient care is based on scientific and ethical principles, research findings, cultural understanding and experience-based intuition.

- Excellence in nursing practice is achieved through a shared governance approach that promotes the involvement of the professional nurse in interdisciplinary collaboration and provides venues for the nurse to advocate for the patient in clinical and organizational decision-making.

- We believe in creating a work climate for nurses that nurtures and supports clinical expertise, education, shared governance, research and fosters the recruitment and retention of a nursing staff that demonstrates the highest integrity, competence, and qualifications.

*Developed by UNC Hospitals Division of Nursing Shared Governance Steering Committee, January 2007*

*Approved by:*

*Dr. Mary C. Tonges, RN, PhD, FAAN*



## Table of Contents

<a href="#">Letter from Dr. Tonges</a> .....1	20..... <a href="#">Shared Governance</a>
<a href="#">4 Anderson N. Creates a "FAN" for Life</a> .....2	22..... <a href="#">2008 Nurse Manager of the Year</a>
<a href="#">Support of Excellence Awards - HUC</a> .....4	23..... <a href="#">Patient Throughput</a>
<a href="#">Employee Experience Team</a> .....5	24..... <a href="#">Turning Ideas Into Action</a>
<a href="#">STEP Art</a> .....6	25..... <a href="#">Celebrating Collaborative Colleagues Awards</a>
<a href="#">2008 Nurse of the Year Awards</a> .....7	26..... <a href="#">Exit Procedure</a>
<a href="#">"AIDET" Spells Service in the UNC Hospitals ED</a> .....9	27..... <a href="#">Faculty of the Year Award</a>
<a href="#">High 5 Program</a> .....10	28..... <a href="#">Seclusion Rooms</a>
<a href="#">Nurses' Six Sigma Training</a> .....13	30..... <a href="#">Support of Excellence Awards - NA</a>
<a href="#">Rapid Response Teams</a> .....14	31..... <a href="#">Professional Accomplishments</a>
<a href="#">Zapping VAP</a> .....18	

# Letter from Dr. Tonges

**Dear Friend and Colleagues,**

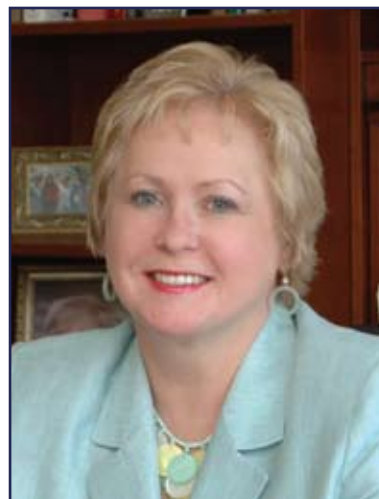
**T**his was, as they say, a very good year. University of North Carolina Hospitals continues to expand the scope of services provided and the number of patients served, fulfilling our mission of caring for the people of our state. Working collaboratively with colleagues in other disciplines and departments, the Nursing staff plays a central role in planning, implementing and supporting this growth. Some specific highlights include:

- Implemented Shared Governance with five councils co-chaired by a Staff Nurse and a Director or Manager: Professional Practice, Professional Development, Performance Improvement, Diversity and Research. Members are Staff Nurses, and the purpose is to give them more voice in decisions that affect their practice and work experience.
- Selected Watson's Theory of Caring as the theoretical framework for our practice and Relationship-Based Care as our nursing care delivery model, with the guidance of the Professional Practice Council.
- Educated our first group of certified Nursing Assistants (CNA I) to CNA IIs, enabling them to progress in their careers and provide more assistance to patients and nurses.
- Initiated daily Nurse Manager patient and staff rounds which provide more opportunities to identify and address issues affecting patient and staff satisfaction.
- Expanded our capacity for extended recovery patients and patients awaiting admission by opening the following:
  - Expanded Emergency Department Holding
  - Children's Short Stay Unit
  - Admission/Discharge Unit
- Implemented e-Chart electronic nursing documentation throughout the inpatient units and began to work with Dr. Gregory Bechtel to build our nursing research program.

I believe that good things lead to more good things, creating a "virtuous cycle" of advancement. With the addition of Joel Ray, RN, MSN, BC, as Director of Surgery Services this year we have a complete team of Directors for each Service, as well as Education, Practice and Research and Employment and Staffing Systems. With the talent and strength of this team, our excellent Nurse Managers, Supervisors and outstanding staff, we continue to "run the flywheel" faster, moving from good to great.

Throughout this report you will again find stories that demonstrate Nursing's role in "Commitment to Caring," UNC Hospitals overarching strategic framework comprised of six pillars: People, Service, Quality, Finance, Growth and Innovation. Balanced attention to each of the areas drives and integrates all of our work.

As you would expect, I am extremely proud of the team and individual accomplishments of all members of the Nursing Staff. I hope you will join me in congratulating and commending our staff for their contributions to UNCH's ongoing success and the advancement of professional nursing.



Sincerely

A handwritten signature in dark ink that reads "Mary Tonges RN".

Mary Tonges, RN, PhD, FAAN  
Senior Vice President and Chief Nursing Officer  
Assistant Dean for UNC Health Care  
in the School of Nursing

## 4 Anderson North creates a “FAN” for life

**Late last year Ken Rahal discovered the power of excellent nursing while he was a patient on 4 Anderson North.**

**W**hile recovering from his second major surgery, the healthcare team members on that unit helped turn him from the brink of despair to a full recovery in 23 days.

“Simply put, I wanted to die,” Ken wrote in a letter to Gary Park, President of UNC Health Care System.

“I just did not have the strength to go through all of what happened the previous year again, and gave up,” he said. Paula Brown, RN, a nurse at UNC Hospitals since 1991 is one of the team members who had helped care for Mr. Rahal during his first surgical recovery in July of 2006.

“Ken was one of those people who you connect with,” Paula said. “He stayed with us a long time and was pretty sick.”

But Ken had made an even deeper impression on Paula. “There’s a connection you make with some people who touch you in a certain way and you’re fond of them forever and will never forget them,” she said.

So when Paula learned that Ken was readmitted in November of 2007, she made a conscious effort to visit with him, even though she was not his assigned nurse.

“As soon as I saw him I told him how glad I was to see him, though not under these circumstances,” she said. “I noticed he wasn’t quite right.....he wasn’t himself.” Little did Paula know, Ken’s pain and despair were so great, he did not even recognize his old friend.

While making some inquiries, Paula learned that Ken had been scheduled for a CAT-scan, which would help determine what was causing his abdomen to swell.

“His nurse told me Ken had refused to have the CAT-scan because he was so depressed and discouraged,” Paula explained. “I went into the room early in the evening and could tell he wanted to be left alone, but made sure he had his call button.”

Later, she returned to his room and said, “Listen Ken, we need to do this CAT-scan or we can’t figure out what’s going on in order to help you.”

“I was fed up from what I’d been through the year before,” Ken explained. “Paula spoke to me. She said, ‘Ken, it’s Paula. I am going to go with you. I will hold your hand and stay with you until the tests are done. Don’t be afraid - I am not going to let anything happen to you.’ This was a comforting voice of an angel, and one who showed care in her profession beyond what was expected,” Ken wrote. “Her attitude and tone of voice and encouragement helped change my attitude.”



“Paula Brown recognized my condition and also my state of mind,” he said. “She took charge of the situation. She gave me a hug and said, ‘I will not let you give up.’” She was true to her word.

As a result of the CAT-scan, it was determined that an artery had broken and blood was draining into his stomach. Following insertion of a drain, his situation and his will to live turned around.

Ken has praise for many other healthcare team members on 4 Anderson North.

He recounts that Rebecca Akhama, RN, used to bring him freshly squeezed orange juice and fruit from her home. When his discharge was imminent, but his grandchildren were sick with the

*Ken Rahal recognized caregivers by giving them plaques at a reception which was held at UNC Hospitals.*



flu at his daughter's home (eliminating that as a discharge destination), Rebecca offered her home until he was well enough to return home to Eagle Springs, near Pinehurst.

Pat Myers, RN, treated him like a brother and sat with him for long periods of conversation and encouragement. Agnes Royal brought her husband to meet him and a bond was forged between the two men resulting in further visits. "Agnes would call me from her home to check on me," Ken said.

Paul Miller, a certified nursing assistant, also made an impression on Ken. "He was unbelievable," Ken said. "He would stay there and listen as a human being who had compassion. He was not anxious to get on to the next patient, but did what was necessary to relieve my anxieties." I got to know Mr. Rahal while he was here," Paul said. "I told him a little about myself and my family. It was always pleasant to go into his room and attend to him." But he said he treats all patients the same. "I'm smiling pretty much the whole time," said Paul.

In May, Ken had a follow-up appointment, which determined that he continues to be in remission. When Dr. John Martinie, who performed both surgeries saw him, he also brought along three other doctors, one of whom was particularly interested in meeting him. He told Ken that the

recovery rate for the procedure Ken had is very low, with only about 20 percent of patients surviving.

Ken said that the doctor told him that of 12 such surgeries he had done over a two-year period on patients, 11 of the patients had died.

"They said, 'You're probably going into the medical record books.' They were all just amazed at my fight, willingness, and determination," Ken said. However, Ken knows that he didn't do it alone.

"The kindness of the staff at UNC Hospitals certainly helped in that direction," Ken said.

The care he received left such an impression that Ken has formed a group of businessmen who have set up a scholarship fund at UNC Health Care, to provide a \$10,000 educational scholarship annually to a single-parent employee furthering their education.

"It will be called the FAN Scholarship," Ken said. It's in honor of 4Anderson North (FAN).

As far as Ken Rahal is concerned, that's where the nursing staff gave back his life — a life with giving qualities of its own. ■

*"She took charge of the situation. She gave me a hug and said, 'I will not let you give up.'"*  
*She was true to her word. - Ken Rahal*



# Support of Excellence Awards - Health Unit Coordinator

5 BEDTOWER | SUPPORT OF EXCELLENCE AWARD

## Aminata Diop, HUC

Aminata Diop of Senegal, Africa, has worked as a Health Unit Coordinator (HUC) on 5 Bedtower in trauma and orthopedics since 1997. She loves her job as an HUC for the Surgery Service and prefers to acknowledge her co-workers more than talking about herself.

"Where I'm from, it's not humble to talk about your achievements," Ami (pronounced Ah-ME) said of winning the award. She loves recognizing her co-workers' efforts though. "It's a great team. There's great support in nursing management," she said. "They're wonderful to work for. Everyone is so accommodating of each other."

She also loves working the weekend shifts. "You have to have great management to allow people to do that," Ami said. "I'm not married so it's easier for me to do. They are all willing to work five days a week. I'm really appreciative to work weekends."

Cheryl Stewart, manager of 5 Bedtower was not surprised that Ami would only talk about her co-workers. "She's incredibly humble. She is just wonderful at her job — she's kind, considerate, efficient and reliable. She's someone everyone likes to be around and sets the tone for the entire unit," Stewart said. She's a multi-tasker who's never stressed, calm in emergencies and outstanding in her job."

3 ANDERSON | SUPPORT OF EXCELLENCE AWARD

## Shirley Tate, HUC

Shirley Tate has been an employee at UNC Hospitals for 14 years, but has been part of the UNC family from an early age. She recalls her brother being born at Memorial Hospital in August of 1954.

Born and raised in Chapel Hill, Shirley now lives in Hillsborough and wishes she had come to work at the hospital sooner. "It's good, steady employment," she said, "and I like working at the hospital." Apparently the nurses she works with on 3 Anderson like having her there as well. "I answer the phone, meet and greet people, transcribe the doctors' orders, help the nurses, and smile a lot," she said.

From her perspective, at the desk she's able to keep nurses apprised of patients' needs and doesn't hesitate to assist them when she can, like opening or closing a door or simply helping them telephone a family member. "My nurses are just great to work with," she said. "I love them. They do a good job."



# People

*"We realized that what our employees wanted most from us, and from each other, was to be recognized for their efforts."*

## Employee Experience Team — Seeking Ways to Recognize Your Efforts

**If you enjoyed all the special events, speakers, and gifts during Employee Recognition week this past May, thank a member of the Commitment to Caring Employee Experience Team. Its mission? To thank you.**

"We want to make sure all UNC Health Care System (UNC HCS) employees are recognized for their efforts. Last year each department nominated and recruited members to serve on the new Employee Experience Team," says Katrina Reynolds, Administrative Director, Office of Revenue Cycle Management and co-leader of the team.

Fellow co-leader Dick Hatfield, Director of Employee Relations, continues, "After analyzing employee surveys over the past few years, we realized that what our employees wanted most from us, and from each other, was to be recognized for their efforts."

With that in mind, The Employee Experience Team was created. The team is comprised of members from throughout the entire UNC Health Care System, including nursing which is a very essential part of the team, according to Dick. The team meets every month to share ideas from colleagues in their respective departments in an effort to effect positive change.

You may have been a recipient of some of these changes. Has a patient or fellow employee written you a "thank you" note on one of the High 5 cards that are now health care system-wide? This program began in the Heart Center as a bulletin board and little note cards in patients' rooms. Soon patients from all over the Hospitals were asking how they could obtain these cards to thank

nurses and other employees in their units — and nurses and other employees were asking how they could thank each other. Have you been recognized as a "Plus Person"? The "PlusPeople Program" recognizes 16 employees each quarter. They are nominated based on their performance under one of the UNC Hospital's Commitment to Caring six pillars of excellence: people, service, quality, finance, growth, and innovation.



*Dick Hatfield, MS, Jenniffer Hughes, RN, CCRN, Carla Jones, MSN, RN and Katrina Reynolds*

"This is such a diverse group and offers me a chance to meet people from other departments and to hear their stories. The nurses, especially, have brought forth such excitement and enthusiasm. I am honored to be part of such a team," remarks Jenny Hughes, CN III in CT-ICU.

Carla Jones, CN IV on 5 Bedtower agrees, "It's a great honor to serve on this team. We represent the voice of the more than 8,000 employees, and we take that responsibility very seriously." ■



# People

*"The artwork allows people to see the artist, not the illness."*

## STEP Art — Cutting Through the Barriers of Mental Illness

**Claudia Moon is an artist. She paints, sketches, writes poetry, takes photographs, designs, and makes jewelry. You can view some of her work at Brushes with Life Gallery in the NC Neurosciences Hospital. She writes for the Club NOVA newsletter, and she was recently married to a fellow artist.**

Claudia leads a relatively uneventful life — at least she has for the past nine months. "Until I found this creative outlet at NC Neurosciences Hospital, I was in and out of mental hospitals every couple of months for the past 10 years, trying to get my schizophrenia under control," Claudia offers. She has periodically received treatment at Neurosciences for about four years now. Claudia adds, "The creative program and the collaboration of the nurses with other members of the treatment team have helped me cut through all the clutter in my head. I am more focused, more responsible, and have a higher self-esteem."

The creative program is called STEP Art — Schizophrenic Treatment Evaluation Program. Paula Mayance, a nurse in Neurosciences and Co-Chair of the gallery since inception eight years ago, explains: "The idea came from a recreational therapist when he saw children's art displayed in another hospital. He knew that several of our patients were artistic, so he approached our Director with the idea of offering art classes here, and forming our own gallery to display the art."

When the artwork was initially displayed in the new gallery, the artists wanted to remain anonymous. But not anymore. It has been so well received, it transcends gallery walls.

Over the past few years STEP Art has been displayed in many venues, including RDU Airport, the Carrboro Art Center, and in the office of the Honorable Ty Harrell, NC State Representative. Additionally, it has been displayed at The North Carolina Museum of Art — the only show there to have been created by people with a known illness.

STEP Art has been featured in *American Psychiatry News*, and in 2005, won first place in the Lilly Reintegration Awards — an award sponsored by Eli Lilly that offers reintegration assistance to patients battling bipolar disorder, schizophrenia and related schizophrenia-spectrum disorders.

In September 2008, a film documentary about the artists and the program, *Brushes With Life: The Journey of Art*, will premier at the UNC Chapel Hill campus. Last year, UNC Hospitals purchased art from two of the artists. The artists receive 100 percent of all proceeds from their work.

"The goal of the art display is to educate people and to help decrease the stigma of mental illness," Paula says. "The artwork allows people to look at the artist, not the illness. Most who come to our gallery receptions are pleasantly surprised. We have musicians playing the guitar, hors d'oeuvres are served, there are poetry readings, and paintings, ceramics and fabric art are all on display. The art is diverse and the atmosphere is professional."

The nurses do the work for each event — from mailing out the invitations to setting up the shows. Some even help frame artwork.

All this takes money. It's the nurses who help out in that respect, too. They apply for funding and grants to purchase art supplies for classes and gallery displays. They also serve on the gallery committee and help select and purchase selected pieces from the artists. UNC Hospitals Volunteer Services has also very generously supported this program through grant funding.

"There is a lot of communication and integration among the artists and the nurses," says Claudia. "It eliminates the 'us vs. them' feeling I got from some places, and it has helped me trust people on a whole different level." ■



*Paula Mayance, CN II and gallery Co-Chair in Brushes with Life - Art, Artists and Mental Illness gallery on 3 Neurosciences*



# 2008 Nurse of the Year Awards

WOMEN'S SERVICE | 2008 NURSE OF THE YEAR

## Delia Blackmon, BSN, RN, IBCLC

A high school class called Health Occupation led Delia Blackmon to a career in health care. "With nursing, you're able to have a personal touch — hands-on — spending a lot of time with patients," she said.

It's where she has flourished in a career she began in 1994. It was December 2003 before she came to work at NC Women's Hospital in the Newborn/Lactation unit.

Her first experience there was actually as a high-risk patient. "I was diagnosed with breast cancer four weeks before finding out I was pregnant," Delia said. "I was told I would probably miscarry and then would start chemo." Instead, her son Gaston, 5, grew with her for a full 38 weeks before a normal delivery, after which she started chemo, recovered, and began her job at UNC Hospitals when he was nine months old.

"We really foster a lot of close teamwork in this unit," she said. "It's truly like a family. We have a great nurse manager, Angela Pittman, and assistant nurse managers who are very involved in making sure that staff satisfaction is high. They really encourage you to achieve more, do more, be better, and they strive for a good team attitude."

Delia said her managers are the reason why she earned her Clinical Nurse III (CN III) step on the clinical ladder after becoming a neonatal resuscitation instructor and certified lactation consultant, which required passing difficult tests. Those tests were a piece of cake compared to what brought her here in the first place. In August she will celebrate six years of being cancer-free.

"Cancer changed my life greatly," Delia said. "It changed how I look at things; little petty things do not bother me. I think that others see that too. People get tied up in little things that really don't matter," but Delia sees the big picture. "I have a lot of faith and that has helped me immensely," Delia said. "It determines how you look at people — doing things for others, not because you have to, but because you want to."



NURSING PRACTICE, EDUCATION & RESEARCH | 2008 NURSE OF THE YEAR

## Gwen Boyles, RN, CNOR

Some memories never fade. Forty years ago when Gwen Boyles was working in the operating room where she would spend her nursing career, a patient being anesthetized looked into her face and said, "You have beautiful eyes." Then he drifted off to sleep," Gwen recalled. "It stuck in my mind all these years."

Those eyes have seen many students during her 22 years at UNC Hospitals. She has been in charge of the nurse residency program for the past decade. "I hope I've touched their lives somehow in bringing high standards of patient care to the operating room," she said. "Keeping patients safe in the OR is our major goal, of course."

As she enters retirement, Gwen is most pleased with the change she has seen in the collegial relationship between surgeons and nurses. In the early days of her career, "nurses were in more of a subservient role," she said. However, she believes that nursing requires higher education, and today's nurses participate more as equal members of the patient care team. It's the teamwork between medical disciplines — surgeons, anesthesiologists and nurses — that has made her career in operating rooms most gratifying.

"I've worked all my life," she said cheerfully, and while she looks forward to spending time in her Pittsboro garden and enjoying other hobbies, she can't imagine life without the job. "I'll probably come back after six months!"



# 2008 Nurse of the Year Awards

SURGICAL SERVICES | 2008 NURSE OF THE YEAR

## Anita Burns, RN

Sometimes others see things in us we can't see in ourselves.

Anita Burns was a 25-year-old banker when she paid heed to a friend's advice and started her education in nursing. "A friend who was a nurse and customer at the bank where I worked always talked about how much she thought I'd love it," Anita said. "I decided not to go further in banking." She has had no regrets. "I was meant to be a nurse," the Charleston, SC native said. "I like taking care of people."

She has been in the Post-Anesthesia Care Unit (PACU) at UNC Hospitals for the past four years of her 14 years in nursing. "It's really rewarding when you can take care of someone and see them awake from anesthesia," she said. "At UNC the focus is always on taking care of the patient and the family — doing a good job clinically and providing very good customer service — and those are the main things I like about nursing."

She also appreciates the efforts made by all of her co-workers. "I just think of myself as one of the nurses who works in the PACU, and I think this should be a global award," Anita said. "There are so many nurses in here and everybody goes the extra mile. There are plenty who do more than just what is required."



EMERGENCY DEPARTMENT | 2008 NURSE OF THE YEAR

## Linda Causey, RN

After graduation from UNC-Chapel Hill School of Nursing in 1980, Linda Causey spent the first five years of her career in Ann Arbor, Michigan, as a staff nurse working in pediatrics.

Linda likes working with children, but it was after returning to UNC Hospitals in 1988 that she found her niche to be in the Emergency Room. Back then, emergency services were located in the old Memorial Hospital building. "Then you only saw a few patients during the night," she said. "Nothing like the pace of arrivals these days."

"Everyday is really different. It's never a dull moment," Linda said. "What I like about the ER here is that we get to work in pediatrics and orthopedics, in major trauma and with sicker people. I like the variety and working with the kids."

A native of Liberty, she still lives there with her 11-year-old daughter. She's been working the ER nightshift since starting at UNC Hospitals.

"I'm not more special or any different than anyone else who works here. It's teamwork. We count on each other," she said, mentioning that a new shift of staff arrives in the ED every two hours to manage higher and lower levels of activity.

"I feel very blessed and fortunate to work around so many competent and wonderful people," Linda said. "I'm glad I'm working at the hospital at the university where I went to school. I can even work with people with whom I went to school."



# Service

*"Happy patients make happy staff – and vice versa."*

## **"AIDET" Spells Service in the UNC Hospitals ED**

**About four years ago, Catherine Hawley, CN III, and her colleagues in the Emergency Department realized that drastic change was needed in their world. Low Press Ganey patient satisfaction scores had them scratching their heads.**

"You think you're providing the best service, but the reality is, when you have to keep going out into the waiting room time and again with one reason after another, patients get impatient - they get very frustrated when nurses have to keep explaining delays to them," admits Catherine.

Subsequently, the nurses and staff formed a committee to determine how they could improve customer service in the ED. The committee adopted the UNC Hospitals Commitment to Caring six pillars, the first two being People and Service.

The journey to becoming a world-class organization starts with the ability to engage employees' passion for doing purposeful, worthwhile work.

The acronym - "AIDET" (Acknowledge, Introduce, Duration, Explanation, Thank You) - are words that work to help employees remember the five fundamentals of service:

**Acknowledge.** Acknowledge the patient by name. Make eye contact. Ask: "Is there anything I can do for you?"

**Introduce.** Introduce yourself as the patient's caregiver and your role in their care - their nurse, physician, nursing assistant etc.

**Duration.** Give an accurate time expectation for tests and physician arrival.

**Explanation.** Explain step by step what will happen and answer questions about tests and procedures.

**Thank.** Thank the patient for choosing UNC Hospitals, and for their communication and cooperation. Thank the family for assistance and for being there to support the patient.

AIDET also affords nurses an opportunity to "manage up" physicians and coworkers. For example, when a nurse assures the patient at the end of the shift that the nurse who will replace him is highly-qualified and well-loved by patients, or he shares that the attending physician is a great listener, patients experience less anxiety and are more comfortable with the hand-off when it occurs. Patient perception of care is more positive, and higher quality clinical outcomes are more likely.

With this in mind, the committee developed similar "scripts" to determine what staff might want to say to patients, so they could convey a positive and consistent message. Then the committee educated the ED staff, including attendings, residents, physicians, nurses, and others.

Sandy Pabers, Nurse Manager of the Emergency Department, explains, "After all, happy patients make happy staff and vice versa." ■



*Catherine Hawley, BSN, RN and Sandy Pabers, BSN, RN, CEN*



# Service

*"It means a lot to receive recognition from High 5 cards. It makes me feel appreciated ...reminds me that I make a difference... it encourages me to go above and beyond..."*

## High 5 Program Helps Boost Employee Morale

**Meghan McCann, Nurse Manager in the Cardiothoracic ICU (CT-ICU), didn't realize the momentum the High 5 staff recognition initiative would take on when she suggested hanging simple bulletin boards on the four Heart Center inpatient units for patients to display little notes of thanks to staff.**

"Within a couple of days, our boards were overflowing with compliments, and patients and staff members from other areas of the hospital were asking how they could get boards and cards on their units," Meghan recalls. "I remember one patient, who was walking exercise laps around the units, asked how he could recognize the nurses on the unit where he was receiving care. It just took on a life of its own."

Coined the "High 5" Initiative, this idea was initially introduced in all four of the Heart Center units as a pilot. "High 5" comment cards invite patients and their families to recognize care providers for exceeding patient care expectations. Cards are available in each patient room. Comments are displayed on a large bulletin board in a central location on each unit.

Recognizing staff with the cards was not limited to patients and families. Before long, staff members began recognizing each other for exceptional teamwork and support.

"It was such a huge success and offered immediate positive feedback to nursing, housekeeping, transportation, and all staff, that we were asked to expand the program. With the help of the Commitment to Caring Employee Experience Team, it is now being implemented throughout the Hospitals," said Cathy Madigan, Director of Nursing for the Heart Center and Inpatient Oncology.

It has been a two-year shared effort among the nurses in the

cardiac units, including the Heart Center Nursing leadership team, led by Meghan, together with Jacci Harden, Nurse Manager of the Coronary Care Unit. They worked in collaboration with Jonathan Slagle in Patient Relations to design a logo and the boards and create the wording for the cards.

Moreover, the cards provide information to patients that very good service merits a "5." The number 5 correlates with the rating of "very good" on the Hospitals Press Ganey patient satisfaction survey that patients receive in the mail after discharge.

This program benefits everyone. It encourages employees to go above and beyond for every patient and family and promotes formal recognition and increased employee satisfaction.

The cards offer a much-needed means for patients, families and employees to recognize staff for exceeding expectations. A CT-ICU nurse shares,

*"It means a lot to receive recognition from High 5 cards. It makes me feel appreciated for what I do and reminds me that I make a difference. It also encourages me to go above and beyond for every patient and family I care for on the unit."*

Employee satisfaction is very important to leadership staff at UNC Hospitals - first, to attract and retain the best and brightest people, and second, to provide very good care for patients. Research suggests that there is a strong link between employee and patient satisfaction and compliance with self-care instruction. ■



Meghan McCann, BSN, RN, Jonathon Slagle, Jacci Harden, BSN, RN, NE-BC, CCRN and Cathy Madigan, MSN, RN, CNA-BC

# 2008 Nurse of the Year Awards

ONCOLOGY | 2008 NURSE OF THE YEAR

## Summer Cheek, RN

Summer Cheek has chosen well. She selected nursing as her career while a sophomore in college when both of her grandmothers became ill and she had an opportunity to see nursing care provided for her loved ones. She became the first nurse in her family. "I got married in June, took my nursing boards immediately after, and in August started work at UNC Hospitals," Summer said.

A Graham native, she chose to continue living in Graham and commutes to work with her best friend, also a nurse, whom she met in school.

After two years of trying first oncology and then labor and delivery, she returned to oncology. "I get really attached to the patients, and generally our patients are just the nicest people you would ever meet," she said. "We can cut up with them and have fun."

The enjoyment she gets from working with people she likes helps balance the emotional challenges of the job. She remembers a young woman with whom she grew close who was in and out of the hospital for treatment for about a year, then longer as an outpatient. "She would write me letters and I'd respond with a letter to her. She came to visit me recently and she looked so good I started to cry," Summer said. "She had her hair back and she was back in school. It made me feel proud of what I do."

But the endings aren't always happy. "Sometimes it's hard when people don't recover," Summer said. "We get so attached to our patients, and that's the hardest part of our job. That's why we're such a good team."

"It's a great honor for me to get this award because there are others who have been doing it a lot longer, who I think ought to have it as well."



SURGERY SERVICE | 2008 NURSE OF THE YEAR

## Lara Leininger, RN, BSN

Upon graduating Clemson University School of Nursing in 2001, Lara Leininger joined UNC Hospitals to be part of the Orthopedic and Trauma Unit on 5 Bedtower. Lara was no stranger to orthopedics; as an athlete, she had half a dozen broken bones herself! This first hand experience changed her mind from wanting to be a veterinarian to developing a career in orthopedic nursing.

A pivotal moment in Lara's decision to become a nurse occurred just before sixth grade. The night before flying to Pennsylvania from Minnesota to spend two months during the summer with her grandparents — a physician and nurse themselves — Lara broke her arm. Upon first sight of Lara, her grandmother knew that the swollen fingers poking from the cast on her right arm spelled trouble. "She took me right to a doctor and they split my cast open," Lara said. She said that the summer with her grandparents was full of learning about orthopedics; she began to understand the basics of bone injuries and found that flying too soon after a broken bone posed a risk of excessive swelling.

Her own bone injuries also taught her that orthopedic patients typically recover well, and for that reason Lara loves to work on her unit. "I do like to see patients get better," she said. "In other units, patients can be chronically ill. Here they get better and are sent home and return to independence."

Armed with a positive attitude, she approaches each patient with a smile. "A smile goes a long way," Lara said. "I understand that nobody wants to be in the hospital. I went into nursing to try to help people. That's what I do."



# 2008 Nurse of the Year Awards

HEART CENTER | 2008 NURSE OF THE YEAR

## Christine Martin, RN

"It's a satisfying feeling to be able to help patients recover enough to go home and resume their lives," Christine Martin said of her work on 4 Anderson South, a 16-bed cardiac and thoracic unit. "Work is not just work for me. Nursing is a rewarding experience and brings lots of satisfaction and pride in what I do on a daily basis."

A native of Pennsylvania, Chris's passion for nursing began as a little girl, inspired by her grandmother, who was also a nurse. In fact, Chris still wears the nursing pin her grandmother passed on to her while Chris was in school. "I knew it was something I wanted to pursue," Chris said. "I liked the whole thought of taking care of people, helping them to feel better." She has spent the past six years of her 13-year nursing career at UNC Hospitals.

"The Heart Center is the best group of people to work with," she said. "We have great managers; they're very supportive. My manager, Tracey Rankin, inspires me everyday to learn more, be available more."

Chris was available when Rankin went on maternity leave. "I filled in for her while she was on leave, and I thoroughly enjoyed that," Chris said. "It was something new. There's something to be learned everyday in nursing, including learning different cultures. We take care of such a wide-range of the population. It's interesting to see the different cultures and how family members respond to the patient. You can learn something from every patient you meet." Chris has a plan to learn even more by returning to school in August to begin work on her Master of Science degree in nursing (MSN).



CLINICAL CARE MANAGEMENT | 2008 NURSE OF THE YEAR

## Kim Massey, RN, CCM

An avid gardener, Kim Massey knows that, like plants, patients need care and the appropriate conditions in order to flourish. Clinical Care Management provides her the opportunity to ensure that the care a patient has received while at UNC Hospitals will continue upon his or her return home. With her initial patient interview, Kim learns the situation at home — if someone will be available to help with dressings, bathing, driving to physical therapy — and during a patient's stay she works at connecting the dots so that home healthcare or skilled nursing and physical therapy have been scheduled when the patient is well enough to leave the hospital.

"A lot of the background I've had in finance and nursing has given me a new appreciation that everything needs to be done correctly for a smooth discharge," Kim said. She ended her previous career in finance when life changes spurred her to pursue an education and career in nursing.

It's been a life-changing career, she says, one that keeps her seeking more knowledge as she enters an MSN program this Fall.





*"...one of the best things I've been involved in since I've been at UNC Hospitals."*

## Nurses' Six Sigma Training Helps UNC Hospitals Attain Excellence

**Lindsay Yount, CNIII on 5 Children's, has seen her share of stressful moments at work. She typically takes this in stride as just another workday. So what caused Lindsay to become tearful after a recent training program?**

Six Sigma Green Belt Training.

"I was a bit overwhelmed by the magnitude and commitment of the training and questioned whether I would be able to handle it," Lindsay confided. "But this training has turned out to be one of the best things I've been involved in since I've been at UNC Hospitals."

What, exactly, is Six Sigma? It is a process that helps propel an organization toward excellence.

Carolyn Viall, Director of NC Women's and Children's Hospitals, and Dr. Alan Stiles, Chairman of Pediatrics, were instrumental in establishing the Six Sigma vision for improving patient care on the Children's units. Their goal? To drive NC Children's Hospital to being among the top 10 national academic leaders for high-quality, comprehensive, family-centered health care for children.

"You simply can't improve patient care without nursing involvement. Our success really hinges on what nurses do, and will have a significant effect on the quality of care," explains Carolyn.

What is Six Sigma green belt training? Multidisciplinary teams, which include nurses, physicians, respiratory therapy, and other departments, are selected by their respective managers or directors to participate. It's a training program in which participants attend monthly meetings and help identify long-standing, tough issues. With the guidance and support of sponsors or "blue belts,"

such as Carolyn Viall, the team then develops a plan to help solve each issue. Training typically lasts for about six months.

During their first meeting, the leadership team of NC Children's Hospital identified an astounding 85 projects or issues in Children's alone. The team subsequently whittled those issues down to the following seven:

- Reduce the number of cancelled elective pediatric surgeries
- Decrease the number of central line infections in the Pediatric Intensive Care Unit
- Reduce the time to discharge for pediatric hematology, oncology, and pulmonology patients on inpatient floor 5
- Reduce the time to discharge pediatric medicine patients on inpatient floor 6
- Reduce the time to discharge pediatric surgery patients on inpatient floor 7
- Increase the number of breast-fed babies in the Newborn Critical Care Center
- Reduce ventilator-associated pneumonia rates in the Pediatric Intensive Care Unit

More than 100 nurses, physicians, and other staff from across NC Children's Hospital share ideas on these teams. "It's a collaborative effort among many disciplines. We do hands-on research, analyze data, and meet monthly to discuss our findings — some of which aren't what we expect at all," explains Jenny Bradford, CNII on 7 Children's.

Take patient throughput, for example. Before the team began their data collection and research, many suspected that the hold up in a patient's timely discharge was probably home health care. Yet after analyzing dozens of patients' charts, the trend did not point toward home health care at all. Instead it indicated that a probable lack of communication early in the discharge process among physicians, nurses, administration, and others, was a likely culprit.

The team subsequently shared ideas on ways to improve communication among staff and worked toward establishing a protocol that they anticipate will help foster better and earlier communication regarding patient discharge.

Jenny adds, "Not only do I feel like I've contributed to a worthy hospital-wide goal, but I learned more about what other staff do in their various disciplines and departments. And that helps me to be a better nurse for my patients, a better employee and a better team player for my fellow staff members." ■



Jennifer McElroy, BSN, RN, Susan Wood, BSN, RN,  
Jenny Bradford, BSN, RN, Sheryl Galin, BSN, RN

# Quality

*"This intervention empowers acute care nurses to immediately notify critical care clinicians when they judge necessary."*

## Rapid Response Teams: Decreasing Code Blues and Mortality Rates

**James Thompson came out of the OR a little drowsy, but otherwise stable. Suddenly, without warning, his family noticed his breathing was "different." He then became unconscious and started staring "off into space."**

"It was as though he wasn't even there anymore," recalls Margareta Thompson, his wife.

She called the nurse, who immediately activated the Rapid Response Team (RRT). This intervention empowers acute care nurses to immediately notify critical care clinicians when they judge necessary.

"Within a couple of minutes there were nurses and doctors and people in scrubs by the door, coming...running down the hall from everywhere. 'We need to work on him. He needs oxygen,'" his daughter Anna Turley vividly remembers hearing.

Not quite a Code Blue — but almost.

Studies show that 70 percent of admitted patients show deterioration of respiratory or mental function eight hours prior to cardiac and pulmonary arrest. That's the goal of RRT — to respond to a "spark" (patient signs and symptoms) before it becomes a "forest fire" (cardiac or respiratory arrest).

According to the *British Medical Journal*, an RRT response vs. a Code Blue call decreases cardiac arrest mortality by 56 percent. This is one reason that developing a rapid response team is among the six recommended interventions in the Institute for Healthcare Improvement's 500,000 lives campaign. UNCH has been a part of this campaign since it began in 2005.

Now in its second year, UNC Hospitals Adult Rapid Response Team (ARRT) is clearly helping to decrease the number of Code Blue calls and patient mortality rates. By the end of fiscal year 2006-2007, the rate of Code Blues outside UNCH ED and critical care areas declined from 4.9 to 3.9 per 1,000 discharges.

What makes UNCH's RRT program so successful? "It's a collaborative effort with nurses, physicians and respiratory therapists," explains Loc Culp, CN IV, Medicine Intensive Care Unit. "RRT nurses are ICU nurses who are educated to care for critically ill patients and to handle emergency situations. The RRT nurses, in conjunction with the acute care nurses, help manage the patient before a condition further deteriorates."

Doreen Marlowe, CN IV, Pediatric Intensive Care Unit (PICU), adds, "It offers us an opportunity to work with other staff members and build relationships, while working together on critical thinking, interventions, the transport, all aspects of an RRT call."



*Rose Marie Padernal, RN, Doreen Marlowe, RN, Loc Culp, BSN, RN and Claire Kneis, BSN, RN*

In the NC Children's Hospital, posters are placed in patients' rooms explaining the RRT, and nurses explain the procedure to families and patients. Typical patient signs that may elicit a call include change in blood pressure, heart or respiratory rate; an altered mental state; a worried family member — even an intuitive or "gut" feeling.

The success of the RRT programs nationwide prompted NC Children's Hospital in 2005 to become the first in North Carolina to activate a pediatric RRT — the only one in the Triangle, and one of only two state-wide. Within the first year, deaths per 1,000 admissions to the NC Children's Hospital inpatient units and the PICU decreased 24 percent.

Typically, it's the nurses, physicians, or other staff who can alert an RRT at NC Children's Hospital. In the pediatric RRT, however, any family member of a patient is empowered to activate an alert.

NC Children's Hospital was one of the first in the nation to include family participation. As a result of its success, the National Patient Safety Foundation presented NC Children's Hospital with a Socius Award for exhibiting positive and effective partnership between patients/families and providers.

Clearly, RRT is the way of the future as more and more hospitals nationwide implement this life-saving program. ■



# 2008 Nurse of the Year Awards

RADIOLOGY | 2008 NURSE OF THE YEAR

## Kate Shane, RN

Radiology nursing is a great fit for Kate Shane.

This Durham mother of two has been at UNC Hospitals for 17 years, since relocating from Canada. "I always thought I'd be a social worker," she said. But while a junior in high school, her grandmother became hospitalized. "I was really impressed with how the nursing staff took care of her."

She knows that the procedures in which she now participates as a nurse can be challenging for some patients. She's especially tuned into discomfort for her youngest patients.

"Sometimes what we are doing can be frightening for them," Kate said of the work done by the 50 nurses in radiology. "We bond with the parents and reassure them that we're interested in getting a quality study for their physician. We allow the parents to be there for most procedures."

"We use humor quite a bit when appropriate," she said with a twinkle in her eye. "The families of patients appreciate that. And we use all kinds of incentives with young children, which can help a child who is on the table lay still as a statue."

"Our goal is to encourage the patient to do the best that they can, and we'll help with the pain, nausea and anxiety," Kate said. "We have a really good team that works together to do what's best for our patient."



MEDICINE SERVICE | 2008 NURSE OF THE YEAR

## Kathleen Sisk, BSN, RN

Kathleen was drawn into nursing in her twenties after seeing nurses provide care for two friends who had become ill. "I already had a degree in English literature," Kathleen said. "I'm happy I got that degree. But when I saw great nurses do what they do, it attracted me. It seemed like a challenging career and that I'd be good at it."

Turns out she was right. The Asheville native started her career in the NC Jaycee Burn Center after graduating from UNC Chapel Hill School of Nursing in 1997, but when her father became ill, she returned home to be by his side. While continuing her nursing career, she ultimately found the Medicine Intensive Care Unit to be where she best utilized her skills, and returned to UNC Hospitals as a permanent staff member in 2006.

Kathleen recently counted up how many ICUs she has worked in. "I've worked in 15," she said. "No place is perfect, but UNC is the best hospital I've ever worked at, and our MICU is the absolute best," she said. "I feel really blessed to be able to say that I love my work. It's a team job, such a collaborative job — you can't do it by yourself," Kathleen said.

"We're only as good as the team that we're on. I've always felt the sense of team in our MICU; it's truly the best ever."





# 2008 Nurse of the Year Awards

PSYCHIATRY | 2008 NURSE OF THE YEAR

## Laura Strickler, BSN, RN-BC

Of the three decades that Laura Strickler has been a nurse, she has spent the past 17 years in Psychiatric Services at UNC Hospitals. "I fell in love with psychiatric services," she said. "Over the years I've seen a shift from just medicating, to empowering patients and giving them the tools to care for themselves."

She and her identical twin (who lives in Atlanta) both chose nursing while students in college. "Nursing sounded incredibly appealing — and challenging," she said. Helping fight the stigma of psychiatric disease is a battle that Laura deals with daily.

"When someone has had their first emotional breakdown, I want them to know — especially if they're young — that they can get well," Laura said. "I want to help them find hope." She encourages patients to express their emotions through art by using the STEP Art Gallery as an example of what they might do. Laura proudly points out the work of former patients on display in the third floor gallery of the NC Neurosciences Hospital.

Another stigma she works to debunk is concern about electroconvulsive therapy (ECT). "ECT is effective, kind, compassionate and it works very quickly," Laura said. "I have seen people become less depressed within a week after receiving ECT."

She's happy to share that nursing has evolved positively during her years at UNC Hospitals. "Shared governance is changing the culture here in such a wonderful way," Laura said. "The patients are satisfied because the nurses are satisfied." Being part of the Psychiatric team personally fulfills Laura, "Psychiatry is healing," she said, "there's so much hopefulness with this specialty."



HEALTH LINK | 2008 NURSE OF THE YEAR

## Sharon Swanson, RN

Through her work with Health Link, based in the Timberlyne Shopping Center, Sharon has a different connection to the community than nurses in hospital units, and rarely sees them face-to-face. "Health Link is an after-hours triage service," Sharon said. "We contract with about 70 offices across North Carolina, so when the doctor's office is closed and someone has a problem and picks up the phone, they get us." The nurses determine if a patient needs to call 911, get to an emergency room or if their advice can help a patient through the night. Sharon said that about 80 percent of the calls that come in are pediatric in nature. "A lot of our calls are from new mothers who don't know newborn care, breastfeeding or about fevers and diarrhea — just everyday infant care needs," she said.

Since 1994, Sharon has taken the lessons she teaches on the phone into developing countries, dedicating herself to health care teaching. Besides going to Honduras three times, Guatemala twice, and once to Thailand and Southeast Asia, she spent four months in Central Asia following the 2004 tsunami. Then she found a way to help people here beyond her job. "I took the teaching that we do every single night to the Good Samaritan Inn, the women's and children's portion of the Durham Rescue Mission," Sharon said. She teaches young mothers about everyday childhood illnesses and how to treat them at home.

"Our ERs are clogged with illnesses that could be taken care of at home," Sharon said. It was this commitment to improvement, above and beyond duty, that led her manager to nominate her for Nurse of the Year.



## Heidi Troxler, BSN, RN, CPN

Since graduating from UNC Nursing School in 2003, Heidi Troxler has worked on the sixth floor of NC Children's Hospital. Before considering nursing, Heidi earned a bachelor's degree in English and psychology, also from UNC.

"When I decided that I wanted to look into nursing, it was something that I had never considered before - I had no experience in a hospital," she said. She was working in an office job when someone she knew in the nursing program at UNC opened her mind to it. "It seemed like a good fit," said Heidi.

Interested in pediatrics, Heidi spent a year volunteering in the playroom at the hospital to confirm that this was the area in which she wanted to practice. "It's a great place for children to go and play," she said of her weekly visits there. "I enjoy working with kids," and after she did her clinicals in pediatrics, she knew it was right for her. "I enjoy seeing the variety of patients that we get on a pediatric medicine floor — we see patients with many different diagnoses and their ages range from infants to teenagers," she said.

Life away from work these days still involves nursing, as she is in graduate school at UNC-Chapel Hill working on her master's degree in Nursing Education.

"I work in a great place. My manager, Melanie Edwards, is very supportive," she said. "Everyone I work with in the Children's Hospital is very committed to doing everything they can for the patients and their families. I am grateful that I work with a wonderful group of people, many of whom could be the Pediatric Nurse of the Year."



*The UNC Air Care Pediatric Transport team, the first in North Carolina, makes a difference every day for the patients & families that we serve.*





*"I helped zap VAP!"*

## Controlling Costs by Improving Quality

**The winter holidays loomed bleak as 28-year-old Josh Vaughn lay literally gasping for life in a Charlotte, NC, hospital. With lung capacity under 13 percent, doctors urged the family to call Hospice.**

His family contacted UNC Hospitals instead.

Josh's cystic fibrosis had deteriorated to the point where a lung transplant was Josh's final hope — and UNC Hospitals is one of few in the country equipped for such a procedure. Mountains were moved that day to get Josh to Chapel Hill.

For the next two months, numerous UNC Hospitals Medical Intensive Care Unit (MICU) nurses took excellent care and exercised extreme vigilance to ensure Josh remained infection free to receive donor lungs. The nurses were also very careful to prevent one major potential complication for those 60 days and nights — ventilator associated pneumonia — or VAP.

VAP is a leading cause of death among hospital-acquired infections. The Centers for Disease Control (CDC) guidelines suggest that VAP accounts for up to 33 percent of the mortality of patients on ventilators. From a financial perspective, it can prolong hospital stays by up to six days, and cost in excess of around \$40,000, per patient affected.

"It is the goal of UNC Hospitals to provide the best care and identify any and all opportunities for improvement," explains Priscilla Merryman, Director of Medicine Service. "VAP costs families lives and hospitals and payers money, and in 2005, we put a team together to learn how to minimize this complication."

The result? The MICU and the Coronary Care Unit (CCU) each recently celebrated an entire year without a VAP. Nurses proudly wore buttons that read "I helped zap VAP!"

How did the MICU and CCU achieve such an overwhelming feat? UNC Hospitals implemented best practice "bundles" from the Institute for Health Improvement's (IHI) national "100,000 Lives"

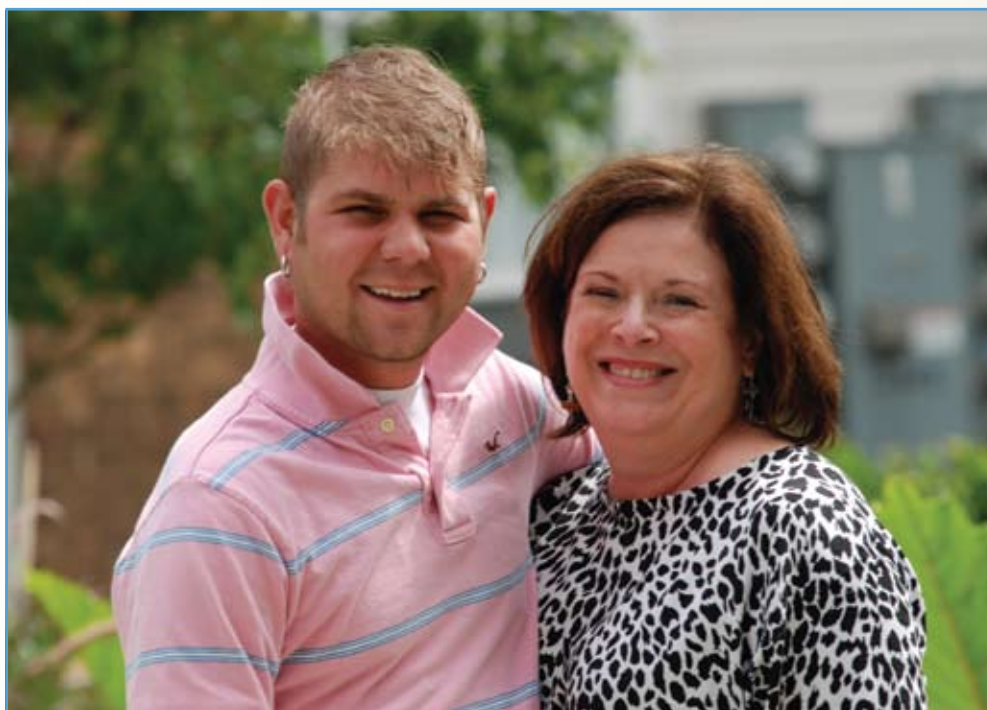
and "5 Million Lives" campaigns, and worked to improve care through University Health Consortium projects focusing on these "bundles" of care. Brenda Featherstone, Infection Control Nurse in the Hospitals Epidemiology department, helped implement these best practice bundles in the intensive care units at UNC Hospitals.

"This was a team effort among many disciplines: nursing, medicine, infection control, respiratory ther-

apy, quality improvement, pharmacy, nutrition, social work and case management. Although collaboration is our normal 'm.o.' at the Hospitals, the nurses are really the front line," Brenda shares. "They're the ones who are doing most of the checks and balances."

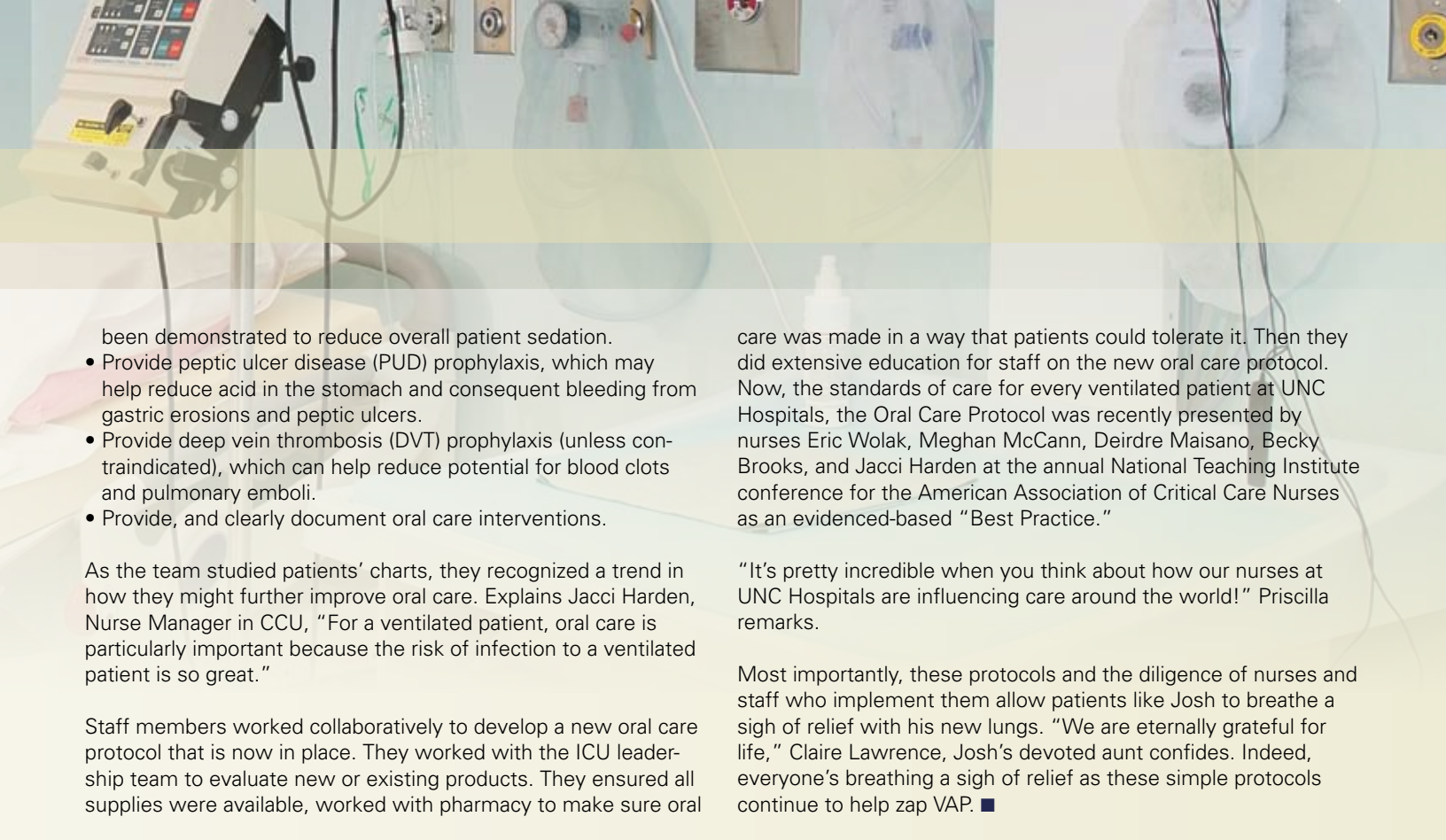
The team first studied, then implemented, the IHI best practice ventilator bundles:

- Elevate the head of the bed to between 30 and 45 degrees to help decrease potential for aspiration and improve ventilation.
- Provide daily "sedation vacation" and daily assessment of readiness to extubate. This helps promote early weaning and has



*Joshua Vaughn and his aunt, Claire Lawrence*





been demonstrated to reduce overall patient sedation.

- Provide peptic ulcer disease (PUD) prophylaxis, which may help reduce acid in the stomach and consequent bleeding from gastric erosions and peptic ulcers.
- Provide deep vein thrombosis (DVT) prophylaxis (unless contraindicated), which can help reduce potential for blood clots and pulmonary emboli.
- Provide, and clearly document oral care interventions.

As the team studied patients' charts, they recognized a trend in how they might further improve oral care. Explains Jacci Harden, Nurse Manager in CCU, "For a ventilated patient, oral care is particularly important because the risk of infection to a ventilated patient is so great."

Staff members worked collaboratively to develop a new oral care protocol that is now in place. They worked with the ICU leadership team to evaluate new or existing products. They ensured all supplies were available, worked with pharmacy to make sure oral

care was made in a way that patients could tolerate it. Then they did extensive education for staff on the new oral care protocol. Now, the standards of care for every ventilated patient at UNC Hospitals, the Oral Care Protocol was recently presented by nurses Eric Wolak, Meghan McCann, Deirdre Maisano, Becky Brooks, and Jacci Harden at the annual National Teaching Institute conference for the American Association of Critical Care Nurses as an evidenced-based "Best Practice."

"It's pretty incredible when you think about how our nurses at UNC Hospitals are influencing care around the world!" Priscilla remarks.

Most importantly, these protocols and the diligence of nurses and staff who implement them allow patients like Josh to breathe a sigh of relief with his new lungs. "We are eternally grateful for life," Claire Lawrence, Josh's devoted aunt confides. Indeed, everyone's breathing a sigh of relief as these simple protocols continue to help zap VAP. ■

*The Medicine Intensive Care Unit was recognized in April 2008 for surpassing 365 days with no Ventilator-Associated Pneumonias.*



# Amplify Nurses' Voices Through Shared Governance

**There is an air of excitement at UNC Hospitals as the new shared governance model in nursing is implemented by the close to 2,300 nurses in the organization.**

**S**hared governance is a process that creates a platform for all nurses — senior leadership, directors, managers and staff nurses — to have a voice in decisions that affect nursing practice at UNC Hospitals. It is a model that promotes collaboration, shared decision-making and accountability for improving the quality of patient care and nursing job satisfaction.

In the summer of 2006, a vision for the design of shared governance at UNCH blossomed from an idea into a steering committee of 20 nurses representing all service lines in the hospital, including inpatient, procedural and clinic settings. Mimi Alvarez, Janet Chadwick, Beth Coulombe, Becky Dodge, Diane Hudson-Barr, Suzy Lawrence, Cathy Madigan, Meghan McCann, Priscilla Merryman, Marilyn Morales, Susie Mason, Melanie Safir, Richard Scibilia, Michael Smith, Eileen Spahl, Jeff Strickler, Gayl Talbert, Lisa Thompson, Glory Udeaja, Carolyn Viall and Kimberly Wood served as the steering committee, charged with developing the shared governance model and delineating how it was to be implemented.

This diverse committee was comprised of nursing directors, managers, educators and staff nurses. With the support of Dr. Mary Tonges, Senior Vice President and Chief Nurse Officer at UNC Hospitals, the group met

once a month for almost a year. Some of the committee members were newer to UNCH, whereas others had been here for many years. Some members had experience with shared governance at other institutions, but for others shared governance was an entirely new concept. What the members of the committee all shared, however, was excitement as they explored what shared governance should look like at UNC Hospitals and what it could do for nurses and the organization.

Cathy Madigan, Director of the Heart Center and Inpatient Oncology Services, was on this committee at its inception. She described the process as “one of the most productive and really fun experiences I have had the pleasure of being involved with since I arrived here — we were all enthusiastic.” She observed how the staff nurses on the committee became empowered as they, themselves, realized the importance of what they were doing for all of nursing. Madigan said that at first, the staff nurses let the directors lead the meetings, but after everyone adjusted to the idea of council members being equal, things shifted. As they worked toward the goal of increasing nursing voice in policies and practice, as well as improving the overall work environment, there were spirited debates between the members with no one’s input being more important than someone else’s. “It was a very enjoyable process,” Madigan said. “Those on the team felt great about what we were doing.”

## Creating Nursing's Mission, Core Values and Philosophy

One of the first goals of the steering committee was to define the mission, core values and philosophy for nursing at UNC Hospitals. The committee members worked hard to ensure that these aligned with the Hospitals vision and values. Once this goal was accomplished, it was time to focus on defining a shared governance model based on these important concepts.

The steering committee next had to decide what form shared governance should take at UNC Hospitals. During subsequent meetings, the committee discussed various models of shared governance and looked at structures at other hospitals. “There was a lot of discussion about what governing model to choose,” said Richard Scibilia, who worked in the Radiology Department while serving on the steering committee. “We had to decide what shape shared governance would take — and what would be fair,” Scibilia said.

## One voice for all

After reviewing various models, the committee chose the councilor model. Six nursing councils were established, each with a specific mission, purpose and set of bylaws:

- The Diversity Council is designed to support the develop-



*Beth Coulombe, BSN, RN-C and Cathy Madigan, MSN, RN, CNAA-BC*



ment and implementation of diversity initiatives within nursing for patients and staff, and works to foster a respectful, culturally appropriate environment for patients, family, and staff.

- The Research Council determines and monitors the process for conducting nursing research at UNC Hospitals. Its members promote evidence-based practice, as well as mentoring staff to understand, evaluate and conduct nurse-driven research.
- The Quality Council is charged with monitoring the effectiveness of care provided by nursing staff, while assessing and ensuring compliance with established standards of care and practice.
- The Professional Development Council has the responsibility to determine educational standards that promote professional growth, development and ongoing clinical competency for nurses and identifies strategies to promote retention of staff.
- The Practice Council develops, implements and maintains standards of clinical nursing practice and patient care consistent with evidence-based practice and requirements of regulatory agencies. This council is working to determine the professional practice model and care delivery model to be utilized at UNC Hospitals.
- The Nursing Executive Council provides leadership and direction to all five Nursing Councils and serves as a clearinghouse for issues being presented and disseminating them to the appropriate Council for action. This Executive Council is chaired by Dr. Mary Tonges, Senior Vice President and CNO of UNC Hospitals.

The structure for shared governance is depicted in this diagram which illustrates the interlinking framework of the different councils:



### Ensuring representation

The Diversity, Research, Quality, Professional Development Councils have one representative from each service line, while the Practice Council has two representatives from each service line. The representatives take concerns to the table and return with feedback from staff. "It provides specific channels for staff to take their concerns and possible solutions to, where they are acted on. There's a true governmental structure from the floor and unit level to the Executive Council," Scibilia said.

As it begins its second year, there are now over 100 nurses serving two-year terms on councils. The initial representatives were appointed, but in the future these positions will be elected. "People will be thoughtful about who they select. It's an honor to be chosen by their peers," explained Madigan.

### Communication is a two-way street

"Communication is really key in all of this," Madigan said. Scibilia notes, "Shared governance is effective communication that leads to solutions."

Communication is not a one-way street. Beth Coulombe, CN IV in Labor and Delivery in the NC Women's Hospital, served on the steering committee. She came from another hospital with a shared governance structure three years ago. She explained that "communication goes both ways. It needs to go from the nurse at the bedside to the hospital-wide council and then back to the unit level." She added that it is important for the exchange of ideas to take place throughout the service and at the grassroots level. Information gets to the councils through the representatives and is communicated back to the units by the representatives directly or through some other mechanism. On the unit level, communication takes many forms, often depending upon the unit size and structure — some utilize weekly updates and staff meetings, others use bulletin boards and email. Staff are also encouraged to go to the shared governance site on the Intranet at work.

### What's in it for you?

The benefits of shared governance are many. Coulombe explains that it "provides a mechanism for staff to participate in the development and implementation of practice and workplace decisions. It empowers staff to contribute to workplace redesign and environment. This all leads to improved quality of patient and family outcomes and increased staff satisfaction."

### The future

Progress is slow but steady. "Right now it's baby steps," Coulombe said. "I'm a strong believer in shared governance because I have seen it work. Shared governance is a highly participatory process that does not occur overnight but rather evolves over time."

She and Madigan agree that shared governance will thrive at UNCH because, as Madigan noted, "In an employee opinion survey, some people wrote that they were excited to have their voice heard in a way they didn't have before." She added that her "great hope for shared governance is that, in the next year or two, it becomes such a part of our culture that we can't remember when it wasn't in place." Scibilia agrees, adding "It's up to our nurses. If our nurses want this, it's here and if they want to make it work, it will." Madigan adds, "The message from Dr. Tonges, is — it's not just that we value input from our staff — the message is that we trust it. We know they will make the best decisions about their practice and work environment because they live it." ■



# 2008 Nurse Manager of the Year

HEART CENTER | 2008 NURSE MANAGER OF THE YEAR

## Meghan McCann, BSN, RN

The family pictures above the desk of Meghan McCann, Nurse Manager in the Cardiothoracic ICU hint at why she was chosen Manager of the Year. The pictures are of the children and special events of her team members.

"I'm lucky," she said. "Here in CT-ICU we have a great team. Everybody works well together, and they are all here for our patients. I have a great sense of pride for the work we do — both clinically and administratively."

Meghan practically grew up in an Annapolis, MD, hospital where she spent every weekday before and after school with her mother who worked in radiology. Expecting to go into health-care, she majored in biology but had never really seen nurses in action before college until she worked as a trauma technician at the Shock Trauma Center in Baltimore. "They were at the bedside, supporting the patient and family — I was in awe of those nurses — and still am."

Meghan has been at UNC Hospitals since 2002 and became a manager four years ago in the 9-bed unit where she started her UNCH career. "I've been able to see the Hospitals move in a positive direction for nursing in the last several years through implementation of the professional advancement ladder and shared governance," she said, adding that the two changes have improved care and the work environment.

She credits Cathy Madigan, RN, mentor and Director of the Heart Center, for her success in the CT-ICU. She considers Cathy's support in transitioning invaluable.

"We do lots of good work around here," she said, mentioning that a widow of a former patient from two years ago had recently become a patient in the CT-ICU. "Her daughter didn't want her go to another unit. She wrote thank you notes to every nurse," after her mother returned home. "Nurses have a chance to be there, support the patients and their families and make a huge difference," Meghan said.



*Sherry Brown, MSN, RN, Clinical Nurse Education Specialist for UNC Health Care — providing and supporting organizational and administrative structures to achieve departmental and organizational goals.*



# Growth

*"I can take more ownership and am confident my patients will have what they need."*

## Helping UNC Hospitals Grow — Comfortably and Safely

**Consider this. You arrive at work and learn that one of your patients is being discharged. You complete the paperwork and the many details that accompany a patient's discharge. Another patient comes in for a renal biopsy. You know this patient will only be here for six to eight hours. You work up the new patient — do an assessment, draw labs, and do the paperwork. Patient goes off for the biopsy, comes back to recover, and you once again complete the discharge paperwork. Then the Charge Nurse tells you there is a child in PACU waiting for a bed. Again, assessment, paperwork and the whole routine for your third patient in one 12-hour shift.**

You begin to wonder if there isn't a more efficient way to manage the constant flow of patients..

The new capacity-expansion projects, including Children's Short Stay Unit (CSSU), Medicine Service's Admission/Discharge Unit (ADU), the Emergency Department's expanded holding area and Surgical Services Short Stay Unit (SSU), have helped meet this need.

These units are designed for patients who need a bit more post-procedure care, yet less than a 24-hour stay, and have significantly improved customer service.

Ann Smith, Nurse Manager of the SSU, offers a thought about her 10-bed unit, "It's really a luxury for patients and nurses, that a hospital can offer an area like ours. Our unit has helped decompress the Postanesthesia Care Unit (PACU) significantly."

These areas for admitted patients have lessened the burden on patients and families in waiting rooms by reducing wait times and canceled or postponed procedures.

Joan MacIntosh, Nurse Manager of 7 Children's and the CSSU, puts it this way: "Before our area was built, you might have these families waiting hours in the waiting room — many of whom traveled long distances to get here. With no food or water allowed before the procedure, you're going to have a fussy child. Then, we might have to tell the family after they've waited a long time, their surgery needs to be postponed because there were no beds available. Needless to say, the benefits of these short stay units are enormous."

Nurses hospital-wide have benefited, too. Taking short-stay patients out of inpatient beds, gives inpatient nurses more time to spend with other, likely sicker, patients and a more satisfying shift. Patients from the ADU arrive with the admission assessment already completed.

"It's a fast-paced turn-around, but I feel like I am more in control of what I am doing for each patient. I can take more ownership and am confident my patients will have what they need," says Jamie Peterson, RN in the CSSU.

Short-stay patients have more control too. They have the autonomy to suggest to their nurse when they feel ready to leave. While they are recuperating, patients can watch their own individual TV, enjoy lunch or dinner and relax in an area that is removed from more intense clinical units.

"The success of these areas is in large part due to the nurses having a hand in helping to get them off the ground," says Nick Victorino, RN in the ED.

The nurses developed standards, policies and procedures based on best practices of other hospitals.

"It's a move to the 21st century," says Ann, "These short stay units will be the answer to many goals — the most important of which are patient comfort and safety." ■



*Medicine Service's Admission/Discharge Unit, located on 4 West*



# Innovation

*"If you believe that something will help your colleagues, patients, and the Hospitals, keep moving forward while seeking open channels for change."*

## How to Turn Ideas Into Action....

**How many times have you noticed during your work day that a process, procedure or program wasn't quite working as well as it used to? Perhaps your department or the hospital has outgrown its current way of doing something. Have you thought, "Hmmm. If we could do this, it might help solve the problem."**

Did you take your thoughts or ideas to the next step? Amy Coghill, and Susie Mason, each an RN, MSN, OCN, and Clinical Nurse Education Specialists, did just that. Their efforts offer an excellent example of how to make your idea a reality.

As co-leaders of the Chemotherapy and Biotherapy Safety (CABS) AIDE team, Susie and Amy have been instrumental in standardizing the way chemotherapy and biotherapy drugs are prepared, administered, labeled and disposed of throughout all of UNC Hospitals — including non-oncology areas and clinics.

"It started as a staffing issue," explains Susie. "We began to notice that more and more physicians and staff throughout all areas of the Hospitals were ordering and administering these agents for non-oncology reasons, such as rheumatoid arthritis and renal disease. Because special training is needed to handle them, our nurses on oncology were being called away repeatedly to help administer these drugs — so staff in our department were becoming spread pretty thin."

Over time, they and others began to notice other improvements they wanted to make.

Amy adds, "As we began to explore the issues, we discovered a number of improvements we wanted to incorporate. We also noticed there was a need for more standardized procedures across departments and disciplines regarding ordering, handling, labeling, administering and disposing these biohazardous substances. We saw it as a safety issue that needed to be addressed."

With support, from Crista Creedle, Nurse Manager of 6 East and 5 Anderson, formed a multidisciplinary team to create a hazard-

ous drug list and revise existing safety policies to be compliant with the current National Institute of Occupational Safety and Health Alert Recommendations (part of the Centers for Disease Control).

"What steps did they take?" you may be wondering. First, they formed an AIDE Team to:

- Assess the situation
- Identify root causes
- Develop solutions
- Evaluate outcomes

The team probed for seven key questions:

- What are the issues?
- How big is the scope?
- What do we need to succeed?
- How can we obtain what we need?
- Who needs to be involved?
- What's the patient impact?
- What's the institutional impact?

Over the next three years, the team:

- Gathered data
- Developed a problem statement
- Identified root causes of the issues
- Created and revised policy
- Educated staff
- Provided access to documentation
- Monitored the data
- Asked: Are we following our policy? Are disciplines being trained? Is the training effective?

Today, all areas of UNCH are well along the road to learning more about these agents including how to handle, recognize, administer, dispose of hazardous agents and what to do if a spill occurs.

"It has definitely been worth the effort," adds Amy. "If you believe that something will help your colleagues, patients, and the Hospitals, keep moving forward while seeking open channels for change. Move on your thought and idea, and work through obstacles." ■



Susie Mason, MSN, RN, OCN, Amy Coghill, MSN, RN, OCN and Crista Creedle, BSN, RN, OCN



# Celebrating Collaborative Colleagues Awards

INFORMATION SERVICES | CELEBRATING COLLABORATIVE COLLEAGUES

## Tracy Parham, MSN, RN, BC

Tracy Parham has happily merged her talents within two disciplines to become Information Technology Director for the Information Services Division. Nursing may be imprinted in her DNA with a grandmother, aunt and older sister who led the way as nurses.

"Isn't it obvious I'm a nurse?" she asked enthusiastically. "I feel like it's written on my face! You can go into nursing and do all kinds of things with that background."

She has spent 26 years at UNC Hospitals, working in two departments. However, in 1991, she made the difficult decision to leave bedside care and pursue her passion for Nursing Informatics. Her work in this field has helped nurses do their jobs more efficiently by providing computer applications that support nursing practice. She served as project manager for the team that helped all of the inpatient nurses at UNCH "go live" by replacing paper charts with electronic documentation, a process that started with pediatrics over a year ago, and ended with psychiatry and rehabilitation in June of 2008.

"A lot of what we do helps the nurses," Tracy said. "Nurses want change management. Whether it's good or bad, change is stressful and there's a huge adjustment, especially when it is related to something that in their minds isn't direct patient care - their primary focus." Tracy considers herself a cog in the wheel. "I answer to the customers, the staff, my boss, and the goals of this organization," she said. "I would choose nursing again in a heartbeat!"



RESPIRATORY CARE | CELEBRATING COLLABORATIVE COLLEAGUES

## Kathleen Short, RRT, RN

Kathy Short is the Director of Respiratory Care and Pulmonary Diagnostics at UNC Hospitals. The Rhode Island native has been a Registered Respiratory Therapist since 1978 and a Registered Nurse since 1991. "From an RT's perspective, having my nursing degree helps me to see both sides of the caregiver's situation. I wanted to know and completely understand what the nurses were doing for patients."

Besides understanding the respiratory physiology, a better general overview of all the body systems affecting patients was important to Kathy. There are approximately 125 respiratory therapists who work at UNC Hospitals, providing service to all of the ICUs, Stepdown Units, Bronchoscopy Lab, Pulmonary Function Lab and general acute care units. "If the patient needs a ventilator or has a really bad respiratory infection causing them to need help breathing, we run all of those machines, and collaborate with doctors in managing the ventilators in order to save lives," Kathy said.

"With a team of frontline clinical managers, respiratory therapists and support staff, we've created a very collaborative approach to caring for patients with the nursing staff," she said. That approach has brought positive changes in the five years Kathy has been at UNC Hospitals.

"Having this collaborative colleague award is such an honor, knowing that nursing staff and nursing leadership recognize and appreciate what we in the Respiratory Care department have done to become part of the team," she said.

But that's not the biggest reward for her. "The biggest reward," Kathy said, "is working with the ICU teams — nurses, physicians and RTs — and seeing patients do well because of what we've done together. In every ICU in this hospital, I have had the honor to work with outstanding health care workers who have nothing but their patients first and foremost in their minds."



*"Although we had 28 people at our last procedure, you could have heard a pin drop."*

## UNC Hospital Nurses Collaborate on Rare, Complex Procedure

**Have you ever tried those "ice breaker" exercises in which you form a small group and try to collaborate as you assemble something with lots of parts, such as a LEGO helicopter? If you have, then you know the challenges of working alongside a handful of others who are trying to accomplish the same goal. It sometimes seems almost impossible to get in sync with your teammates.**

At NC Women's and Children's Hospitals, however, there is a specialty team of nurses, physicians, surgeons, anesthesiologists and others, who are completely in sync with each other during a specific and complex procedure that very few hospitals in the country have attempted.

The procedure is called the "ex utero intrapartum treatment" or "EXIT" procedure. The complex EXIT procedure is performed on an infant whose head and shoulders are delivered by Caesarean section, while the rest of the baby stays inside the mother's womb attached to the umbilical cord. The obstetrical team first delivers the head and shoulders of the baby, and then places a tube through the nose or mouth into the trachea to establish an airway for the baby. Once the airway is established, delivery is completed, the umbilical cord cut, and the baby is handed off to the Newborn Intensive Care Unit team for evaluation.

This rare, life-saving procedure, which UNC Hospitals first performed five years ago, allows for treatment of complex congenital facial or airway anomalies. It is performed when imaging studies show that a baby has structural defects that will likely render it unable to breathe on its own, usually as a result of an airway obstruction, such as a tumor or mass.

"A normal C-section delivery takes only a few minutes and typically involves a team of two nurses, an anesthesiologist, and the OB surgeons. The EXIT procedure, on the other hand, can take 15 minutes to one hour for complete delivery, and typically can involve several teams totaling as many as 30 people – each one of which is highly in tune to the mother,

the baby and his or her responsibility," explains Joanne Taylor, OR Manager, NC Women's and Children's Surgical Services.

"Although we had 28 people at our last procedure, you could have heard a pin drop," adds Jan Behe, CN IV, Labor and Delivery.

These complex deliveries are successful because of extensive collaboration and communication during the months leading up to the procedure is the result of many people working together very effectively, including both maternal and infant anesthesiology teams, a neonatology team, pediatric and ENT surgery teams, an OR team and a pediatric pulmonology team.

These teams begin collaborating as soon as imaging studies indicate the need for an EXIT procedure. First, a delivery date is scheduled. Then teams meet weekly – or more frequently –



Kathy Abode, BA, BSN, RN, Joanne Taylor, RN, and Jan Behe, RN

to develop the plan and follow the progress of the pregnancy. A member of each team meets with the mother — who might typically travel long distances to be here. Every detail is planned and practiced over and over again. Instruments are sterilized beforehand and put in a special place where all team members know where to retrieve them fast, in case the baby arrives early. Throughout all this planning and during the procedure, the nurses are central in helping to consider every detail — large and small.

“We do comprehensive planning, developing a daily on-call schedule to make sure everyone who needs to be at the procedure can get there when the moment arrives,” says Kathy Abode RN, Clinical Program Director for the NC Children’s Airway Center. “And if that baby arrives early, you’re confident that you know you’ve even planned for that.”

How does it feel to be part of such a highly specialized group? Joanne sums it up best:

“Although we plan and practice and prepare for these procedures, each one is still a learning experience for me. It stretches my skills, and makes me a better nurse. And when that baby comes out breathing and pink, you just want to cry for joy knowing you were an important part of an incredible team that helped save a little life.” ■

## Faculty of the Year Award

UNC-CH SCHOOL OF NURSING | FACULTY OF THE YEAR AWARD

### Wanda Wazenegger, MSN, RN-BC, FNP

Teaching has always been a passion for Wanda Wazenegger, who was guided into nursing while in high school. She’s had a full life, going into the US Army Nurse Corps right out of nursing school, raising three daughters with her husband, all while trying her hand at different endeavors, such as teaching Lamaze classes.

When she joined the UNC School of Nursing six years ago, she discovered the challenging and rewarding life of academics. “We set high standards,” she said. “The bar keeps rising and we have to continually change to meet the ever-changing standards of care.”

Part of her clinical time is spent on 6 East, where she teaches nursing students the skills and knowledge necessary to care for hematology/oncology patients. Besides making sure they know how to care for the patients, she makes sure they know how to care for themselves. “I stress that they come to clinical prepared, having adequate rest and eating breakfast and studying before taking care of their assigned patients,” Wanda said. “Taking care of yourself is very important. It’s not being selfish, it’s being responsible.”

She knows what to look for in students. “I still look for that student who feels it’s a calling,” she said. “You have to have that inner compassion. You have to be a people person.” She says that nurses also have to continue being students. “You don’t stop learning. You learn a little bit and find out you need to learn more. I light a fire underneath them for continued education.”

“What can I say?” Wanda asked. “At 60, I love my job and want to keep doing it as long as I can do it well.”





*"What are the natural processes designed to turn off the body's fight or flight response? What could help calm patients down?"*

## Innovative New Seclusion Rooms Offer Psychiatric Patients a Calming Environment

**A molecular biochemist and psychiatric nurse, Afshin Meymandi CN III, donned his scientific hat to find a way to help "out of control" patients achieve a state of calm.**

These patients typically are placed in a seclusion room — a bare room (usually painted stark white) with a two-way mirror. Some patients can be physically destructive, so the room cannot contain anything, not even an outlet, light switch or chair. There is absolutely nothing to do in the room except calm down, eventually.

"While caring for these patients at the NC Neurosciences Hospital who are overwhelmingly depressed, suicidal and are anxious and out of control, I began to realize something everyone has in common with them. When we experience anxiety — real or imagined — our bodies produce an instinctive fight or flight chemical reaction. So I began to ask myself, 'What are the natural processes designed to turn off the body's fight or flight response? What could help calm patients down?'"

Afshin began asking his patients that same question. The answers he got usually involved some concept of home — birds chirping, pastoral scenery, a pond or stream.

Afshin then envisioned a different kind of seclusion room — one in which a patient might experience a virtual home. As a nurse-driven initiative, he began the process of investigating the channels that would lead to a more "calming, peaceful" seclusion room.

Fortunately for UNC Hospitals, Afshin is also a professional artist who's been painting since he was six years old.

Painting on his own time, 117 hours later, a new seclusion room emerged. "As I painted, I asked patients for their input. At first I thought we needed to make the room cozy and inviting using warm colors, like reds and yellows. But then I realized those colors can promote anxiety, and "cozy" can make some patients claustrophobic. The patients suggested I use cool, calming colors such as blues and greens. The result is a 360-degree mural, which makes you feel like you are sitting on a back porch looking out over a peaceful pond, on a perfect day."

Something extraordinary happened when patients began using that room. Seclusion rates dropped, largely because some patients began using the room before they became anxious or out of control, to meditate, write poetry or self-heal.

One patient who was so depressed, and couldn't understand why, went into the room and cried for hours. She wrote Afshin a four-page letter explaining that the room reminded her of being in her grandmother's house looking out the kitchen window with her

mother. Her mother had died a year earlier, and the patient had not grieved about it because of her busy life. Once she grieved in that room, she felt that her recovery process had begun.

Soon the nurses began referring to the room as "The Retreat." The innovative idea quickly spread to the Neurosciences Child Unit.



*Afshin Meymandi, MSN, MPHCNS-BC, RN*



Coincidentally, Cynthia Baughan, RN in Neurosciences, is an artist too. "Doris Suggs, RN, and Tom Thompson, RN, came to me and said 'We want our children to have something like this.' I saw what Afshin had done with the adult room, and I loved it. I'm an artist, and I love children. I want to help them feel safer and happier — some of our kids don't even have homes, so they don't know what it is to feel safe, or even have fun."

According to Doris, "The idea for the room came from discussions with the Child Unit nursing staff about ways to reduce the use of the seclusion with patients on the unit."

The goal of the new seclusion room on the Children's Unit is to provide a place where they can practice coping and self-soothing skills in an environment that feels kid friendly. Since the children range in ages from four to 12, the nurses on that unit thought a tree house might be ideal.

The Tree House took Cynthia eight months to paint, and she even enlisted some of the kids in the painting process. It was a home run.

Now, just like the adult Retreat, the kids like to use their Tree House as a place to go before they are out of control — to relax, to allow their biochemical fight or flight responses to dissipate. They even read books and play games in the Tree House. One particular little boy who is homeless, with a severe case of ADHD and cannot be still more than a few minutes, will go into "his" Tree House for over an hour to play.

Cynthia exclaims, "This is the most exciting thing I've ever done in my 35-year nursing career. This venue offers a safe, effective therapeutic milieu — without drugs, and without physical restraint. I can't believe no one's ever done it before."



*Cynthia Baughan, BSN, RN*

That's likely to change soon. The idea of a "calming" seclusion room is taking on steam worldwide. Afshin has presented his idea and subsequent research at a national meeting of the Sigma Theta Tau Honor Society of Nursing. The International Psychiatric Association has asked him to present in Norway, and numerous hospital directors have traveled from Charlotte, Canada, Arizona, and other places to view the room.

"This effort was born out of the respect I have for patients and a genuine desire to want to make their problems go away," Afshin says passionately.

Thanks to the intellectual curiosity, commitment and talent of these nurses, these seclusion rooms are accomplishing just that — if only for a few precious hours at a time. ■

# Support of Excellence Awards - Nursing Assistant

4 ANDERSON SOUTH | SUPPORT OF EXCELLENCE AWARD

## Gwendolyn Cotton, NA

Working nights provides its own rewards for Gwen Cotton of 4 Anderson South. “A lot of times the patients can’t sleep — they may spend the day in bed, have worries, and as hard as we try to keep quiet, the hospital operates 24 hours a day and sometimes it’s not as quiet as we’d like. They’ll come out to the front desk and sit with us, or we’ll go into their room and have a conversation,” Gwen said. “When they need to vent, they do so and we listen.”

A native of Chapel Hill, Gwen has been a nursing assistant for the past eight of 17 years she has worked at UNC Hospitals. She recognizes the difficulties of being too sick to function while waiting for a heart transplant. “Some patients may be with us for three days, or some may be there six months or a year,” she said. “We give them all the love and respect and caring that we can.” When a patient has a craving for something that the hospital can’t provide, she and her co-workers try to provide that, as well.

“We sometimes bring a patient in something that they like to eat if they can have it,” she said. She works with a caring team. “I love working with my co-workers. They know what they’re doing; they’re smart and they take care of their patients,” Gwen said. “They treat me with respect. We’re just there to do a job and that’s what we do. I like working with people. I’m a people person, that’s why I chose to be a nurse’s aid.”



5 EAST | SUPPORT OF EXCELLENCE AWARD

## Tony Scales, NA

When a patient is feeling anxious, Tony Scales relieves it with a good dose of humor. “I have a way of making people feel comfortable with events going on without a false sense of hope,” he said of the patients he works with in the 5 East Surgery Service. “I help people to be able to laugh at themselves — and at me sometimes. I feel like I can connect with anybody.” He’s been connecting through nursing for over a decade, since starting his career twelve years ago in a nursing home. “I got hooked on nursing and kept on nursing,” he said.

He recently received his Associate Degree in Nursing but will not leave the unit where he had been a Nursing Assistant for the past six years. He likes to take the initiative. “I take great pride in foreseeing and preventing problems,” he said of his pro-active approach. He also likes the hands-on aspect of nursing. “You spend more time with the patient than physicians do,” he said. “It’s analogous to being on the front lines — there’s nothing like it, really. Through the patient interactions you form a trust.”

“In order for a patient to feel better,” Tony said, “they have to know that what you’re doing for them is going to be the best thing for them. They need to trust that you have their best interest at heart, and we definitely do.”





UNC Health Care nurses are leaders in quality care, knowledge experts in diverse specialty fields and innovators of cutting-edge solutions to the many challenges professional nurses face today. This leadership and expertise are evident in the numerous accomplishments that have been achieved by members of the nursing staff at local, regional, and national levels. Congratulations to each of you. Your dedication to the continued pursuit of nursing excellence is recognized and deeply appreciated.

## Academic Achievements

**Robert Bednar**, MHS, BS, PA-C, EMT-P  
*Paramedic Supervisor*  
*Carolina Air Care*  
• Fundamental Critical Care Support Course sponsored by the Society of Critical Care Medicine, June, 2008

**Julia A Billotte**, CNA  
*Certified Nursing Assistant*  
*5 West*  
Certified Nursing Assistant II, University of North Carolina at Chapel Hill, January 2008

**Jane Burrill**, MSN, RN-BC  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Post Master's Certificate in Nursing Education, University of North Carolina at Chapel Hill, School of Nursing, May 2008

**Linda C Bryant-Hampton**, MSN, RN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Master of Science in Nursing, Nursing Education, East Carolina University, July, 2007

**Patricia Butterson**, MSN, RN, OCN  
*Clinical Lead*  
*Gynecology/Oncology Clinic*  
Women's Health Nurse Practitioner Certificate, Post Master's Nurse Practitioner Program, University of North Carolina at Chapel Hill, May 2008

**Linda D Denton**, MSN, RN  
*Clinical Nurse III*  
*Newborn Critical Care Center*  
Master of Science, Nursing Education, University of North Carolina at Greensboro School of Nursing, December, 2007

**Lu A Gentry**, MSN, RN  
*Per Diem*  
*Flex Resources*  
Master of Science in Nursing, Nursing Education, University of North Carolina at Greensboro, May, 2008

**Nancy S Gleason**, MSN, RN  
*Patient Services Manager II*  
*Precare*  
Master of Science in Nursing, Health Care Systems Administration, University of North Carolina at Chapel Hill School of Nursing, May, 2008

**Mary Beth Haire**, MSN, RN  
*Patient Services Manager II*  
*OB/GYN Clinics*  
Master of Science in Nursing, Administration, University of North Carolina at Chapel Hill School of Nursing, December, 2007

**Mary S Harrington**, BSN, RN  
*Patient Services Manager III*  
*ACC Day Op*  
Bachelor of Science in Nursing, University of Phoenix, March, 2008

**Kirk Huslage**, MSPH, BSN, RN  
*Infection Control and Safety Compliance Officer*  
*Ambulatory Care Services*  
Master of Science in Public Health, Environmental Science and Engineering, University of North Carolina at Chapel Hill School of Public Health, December, 2007

**Jennifer Jenkins**, MSN, RN  
*Per Diem*  
*5 Bedtower*  
Master of Science in Nursing, Family Nurse Practitioner, University of North Carolina at Chapel Hill School of Nursing, May, 2008

**Stephanie D Lane-Barefoot**, BSN, RN  
*Educational Coordinator Surgical Services*  
*Postanesthesia Care Unit*  
Bachelor of Science in Nursing, Jacksonville University, December, 2007

**Sherry LeBlanc**, BSN, RN  
*Clinical Nurse III*  
*Newborn Critical Care Center*  
Master of Science in Nursing, Neonatal Nurse Practitioner, Duke University, May, 2008

**Susan Mason**, MSN, RN, OCN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Master of Science in Nursing, Clinical Nurse Specialist, University of North Carolina at Greensboro, May, 2008

**Olivia C Queern**, MSN, RN  
*Clinical Nurse III*  
*Maternity Center*  
Master of Science in Nursing, University of North Carolina at Chapel Hill, May, 2008

**Christy S Randall**, MSN, RN, APRN-BC  
*Clinical Nurse II*  
*Newborn Nursery*  
Master of Science in Nursing, Psychiatric/Mental Health Nursing, University of North Carolina at Chapel Hill, August, 2007

**Jennifer L Renegar**, BSN, RN, CEN  
*Clinical Nurse II*  
*Pediatric Intensive Care Unit*  
Bachelor of Science in Nursing, Winston-Salem State University, December, 2007

**Kelly L Revels**, MSN, RN, CEN, CCRN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Master of Science in Nursing, Nursing Education, University of Phoenix, May, 2008

**Sheila Roszell**, MSN, RN-BC

*Clinical Nurse III*

*5 Bedtower*

Master of Science in Nursing, Health Care Systems, Concentration in Outcomes Management, University of North Carolina at Chapel Hill, August, 2007

**Ashley Wallace**, MSN

*Clinical Nurse II*

*Maternity Care Center and Lactation Services*

Master of Science in Nursing, Family Nurse Practitioner, University of North Carolina at Chapel Hill, May, 2008

**Eric S Wolak**, MSN, RN, CCNS, CCRN-CSC

*Clinical Nurse IV*

*Cardiothoracic Intensive Care Unit*

Master of Science in Nursing, University of North Carolina at Greensboro, December, 2007

## Certifications

**Mimi Alvarez**, MSN, RN, CNS-BC

*Clinical Nurse Education Specialist*

*Nursing Practice, Education and Research*  
Child/Adolescent Psychiatric/Mental Health  
Clinical Nurse Specialist, American Nurses Credentialing Center

**Emily Archibald**, BSN, RN, CCRN

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

Certified in Critical Care Nursing, American Association of Critical Care Nurses

**Ricky Ashley**, NREMT

*EMT-Driver*

*Carolina Air Care*

NREMT Certification, National Registry of Emergency Medical Technicians

**Eva Barrios**, BSN, RN, IBCLC

*Clinical Nurse II*

*5 Women's*

International Board Certified Lactation Consultant, International Board of Lactation Consultants Examiner

**Carol W. Benge**, BS, RN, CPHQ

*Nursing Quality Analyst*

*Nursing Performance Improvement*

Recertified, Certified Professional in Healthcare Quality, Healthcare Quality Certification Board

**Delia Blackmon**, BSN, RN, IBCLC

*Clinical Nurse III*

*5 Women's*

International Board Certified Lactation Consultant, International Board of Lactation Consultants Examiner

**Barbara Brannigan**, BSN, RN

*Clinical Nurse III*

*Gynecology/Oncology Clinic*

Oncology Certified Nurse, Oncology Nursing Certification Corporation

**Patricia Butterton**, MSN, RN, OCN

*Clinical Lead*

*Gynecology/Oncology Clinic*

Oncology Certified Nurse, Oncology Nursing Certification Corporation

**Daniel E Cheek**, BSN, RN, EMT-P, CCRN

*Clinical Nurse II*

*Carolina Air Care*

Pediatric Critical Care Registered Nurse, American Association of Critical Care Nurses

**Derek C Chrisco**, BSN, RN, EMT-P,

CFRN, CEN

*Clinical Nurse III*

*Carolina Air Care*

- Recertified, Certified Emergency Nurse, Board of Certification for Emergency Nursing
- Recertified, EMT – Paramedic, National Registry Emergency Medical Technicians
- Certified Transport Registered Nurse, Board of Emergency Nursing

**Kelly M Colvin**, BSN, RN, OCN

*Clinical Nurse II*

*Bone Marrow Transplant Unit*

Oncology Certified Nurse, Oncology Nursing Certification Corporation

**Deborah A Coningsby**, MSN, RN, C-ANP

*Clinical Nurse II*

*Children's Specialty Clinic*

Board Certified, Family Nurse Practitioner, American Nurse Credentialing Center

**Ronald Corrado**, EMT-P

*Flight Medic*

*Carolina Air Care*

National Registry Paramedic, National Registry of Emergency Medical Technicians

**Beth Coulombe**, BSN, RN-C

*Clinical Nurse IV*

*Labor and Delivery*

Certified in Inpatient Obstetrics, American Nurse Credentialing Center

**Emilia D Frederick**, MSN, RN, CEN

*Clinical Nurse II*

*Emergency Department*

Certified Emergency Nurse, Board of Emergency Nurses

**Carrie Frueauf**, BSN, RN, CCTC

*Kidney Transplant Coordinator*

*Comprehensive Transplant Center*

Certified Clinical Transplant Coordinator, American Board of Transplant Coordinators

**Micky L Gonzales**, RN

*Clinical Nurse IV*

*Children's Intermediate Cardiac Care*

Child Passenger Safety Technician, National SAFE KIDS Campaign

**Marie Gorman**, RN, OCN

*Clinical Nurse II*

*6 Women's*

Oncology Certified Nurse, Oncology Nursing Certification Corporation

**Jacqueline M Harden**, BSN, RN, NE-BC,

CCRN

*Patient Services Manager III*

*Coronary Care Unit*

- Critical Care Registered Nurse, American Association of Critical Care Nurses
- Nursing Administration, Board Certified, American Nurse Credentialing Center

**Annette Hayes**, RN, CRN

*Clinical Nurse III*

*Radiology*

Certified Radiology Nurse, American Radiological Nurses Association

**Caroline Herd**, BSN, RN, CCRN

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

Critical Care Registered Nurse, American Association of Critical Care Nurses

**Jennifer Hughes**, RN, CCRN

*Clinical Nurse III*

*Cardiothoracic Intensive Care Unit*

Critical Care Registered Nurse, American Association of Critical Care Nurses

**Nilda N Jimenez**, BSN, RN, CRN  
*Clinical Nurse III*  
*Radiology*  
Certified Radiology Nurse, American  
Radiological Nurses Association

**JoAnne C Kroesen**, MSN, RN, CPHQ  
*Clinical Nurse I*  
*Children's Specialty Clinic*  
Certified Professional in Healthcare Quality,  
National Association for Healthcare Quality

**Meg LaFerriere**, BSN, RN, CCRN  
*Clinical Nurse II*  
*Cardiothoracic Intensive Care Unit*  
Critical Care Registered Nurse, American  
Association of Critical Care Nurses

**Constance F Lanier**, BSN, RN, CEN  
*Clinical Nurse III*  
*Emergency Department*  
Certified Emergency Nurse, Emergency  
Nurses Association

**Anthony Laskis**, EMT-P  
*Emergency Medical Technician*  
*Carolina Air Care*  
EMT- Paramedic, North Carolina Office  
of Emergency Medical Services

**Ann Litts**, BSN, RN, CNOR, CCTC  
*Kidney Transplant Coordinator*  
*Comprehensive Transplant Center*  
Certified Clinical Transplant Coordinator,  
American Board of Transplant Coordinators

**Neville D Lyons**, EMT  
*EMT- Driver*  
*Carolina Air Care*  
Recertified, Emergency Medical Technician,  
National Registry of Emergency Medical  
Technicians

**Jennifer McElroy**, BSN, RN, CPN  
*Clinical Nurse IV*  
*6 Children's*  
Certified Pediatric Nurse, Pediatric  
Nursing Certification Board

**Daniel Miles**, EMT-P  
*Flight Medic*  
*Carolina Air Care*  
EMT-Paramedic, National Registry  
of Emergency Medical Technicians

**Judith Miller**, RN, CRN  
*Clinical Nurse III*  
*Radiology*  
Certified Radiology Nurse, American  
Radiological Nurses Association

**Linda Nalty**, PhD, RN, OCN  
*Clinical Nurse IV*  
*6 Women's*  
Oncology Certified Nurse, Oncology  
Nursing Credentialing Corporation

**Margaret A O'Donnell**, BS, RN, EMT-P, CEN, CMTE  
*Patient Services Manager II*  
*Carolina Air Care*  
Recertified, Certified Medical Transport  
Executive, Association of Air Medical Services

**Joan K Pierce**, RN, ACRN  
*Clinical Nurse II*  
*Infectious Diseases Clinic*  
AIDS Care Registered Nurse, Association  
of Nurses in AIDS Care

**Kirsten Platt**, BSN, RN, CCRN  
*Clinical Nurse II*  
*Cardiothoracic Intensive Care Unit*  
Critical Care Registered Nurse, American  
Association of Critical Care Nurses

**Karen F Poole-Dawkins**, MSN, RN, CNS-BC  
*Patient Services Manager III*  
*4 Neurosciences*  
Nursing Administration, American Nurses  
Credentialing Center

**Leigh Ramsey**, RN, CPN  
*Clinical Nurse III*  
*6 Children's*  
Certified Pediatric Nurse, Pediatric Nursing  
Certification Board

**Christy S Randall**, MSN, RN, APRN-BC  
*Clinical Nurse II*  
*Newborn Nursery*  
Board Certified, Psychiatric/Mental Health  
Clinical Nurse Specialist, American Nurses  
Credentialing Center

**Tracey Rankin**, MSN, RN, CNAA-BC  
*Patient Services Manager III*  
*4 Anderson South*  
Board Certified, Nursing Administration - Ad-  
vanced, American Nurses Credentialing Center







**Paula Stinson**, BSN, RN, CPON  
*Clinical Nurse III*  
 5 Children's  
 Pediatric Oncology Nursing, Oncology  
 Nursing Certification Corporation

**Vickie Strang**, BS, RN, CCRN  
*Clinical Nurse III*  
*Coronary Care Unit*  
 Critical Care Registered Nurse - Cardiac  
 Medicine Specialty, American Association of  
 Critical Care Nurses

**Holly M Weaver**, BSN, BA, RN, CCRN  
*Clinical Nurse IV*  
*Surgical Intensive Care Unit*  
 Critical Care Registered Nurse, American  
 Association of Critical Care Nurses

**Mauri Williams**, MBA, MHA, RN, NE-BC  
*Patient Services Manager III*  
*Neonatal Critical Care Center*  
 Board Certified, Nursing Administration,  
 American Nurses Credentialing Center

**Eric S Wolak**, MSN, RN, CCNS, CCRN-CSC  
*Clinical Nurse IV*  
*Cardiothoracic Intensive Care Unit*  
 • Critical Care Nurse Specialist, American  
 Association of Critical Care Nurses  
 • Cardiac Surgery Certification, American  
 Association of Critical Care Nurses

**Amy S Woodard**, BSN, RN, CNN, CCTC  
*Kidney Transplant Coordinator*  
*Comprehensive Transplant Center*  
 Certified Clinical Transplant Coordinator,  
 American Board of Transplant Coordinators

## Consultations

**Ernest J Grant**, MSN, RN  
*Nursing Education Clinician II*  
*NC Jaycee Burn Center*  
 Professional consultation, Burn Prevention  
 Education, South Africa Fire Service, Consulted  
 on the creation of a new burn prevention book  
 that would be used to teach young South  
 Africans fire and burn prevention. Consultation  
 dealt primarily with educational design, format  
 and activities.

## Grants and Scholarships

**Kelly L Revels**, MSN, RN, CEN, CCRN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
 Martha Wood Scholarship, North Carolina  
 Emergency Nurses Association, \$1,000,  
 September, 2007

## Presentations and Poster Sessions

**Diane T Asbill**, BSN, RN, IBCLC  
*Lactation Consultant*  
*NC Women's & Children's Hospitals*  
 • (2007, October). "A Real Life Story"-  
 Collaborative Care. 17th Annual Art of  
 Breastfeeding, Chapel Hill, NC.  
 • (2008, May). Helping Breastfeeding Mothers  
 Understand Milk Supply: How to Increase and  
 Decrease. 6th Annual Triangle Breastfeeding  
 Alliance Conference, Raleigh, NC.

**Robert Bednar**, MHS, BS, PA-C, EMT-P  
*Paramedic Supervisor*  
*Carolina Air Care*  
 (2007, September). It's About Time! eCommuni-  
 cation Center. Air Medical Transport Conference  
 2007, Tampa Bay, FL.

**Danielle Berridge**, BSN, RN  
*Clinical Nurse II*  
*Cardiothoracic Intensive Care Unit*  
 (2007, October). Creation and Implementation  
 of a Unit-Based Skin Resource Team. National  
 Health Care Quality Exposition, Chapel Hill, NC.

**Kevin Brady**, RN  
*Clinical Nurse III*  
*Cardiothoracic Intensive Care Unit*  
 (2007, October). Survival Guide: The Develop-  
 ment of a Unit Resource Tool. National Health  
 Care Quality Exposition, Chapel Hill, NC.

**Linda C Bryant-Hampton**, MSN, RN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
 • (2007, October). Malnutrition and Obesity.  
 UNC-CH School of Nursing, Chapel Hill, NC.  
 • (2007, October). Pain Management in  
 Pediatric Palliative Care. 2007 Pediatric Pain  
 Conference, Chapel Hill, NC.



**Daniel Cheek**, BSN, RN, EMT-P, CCRN

*Clinical Nurse II*

*Carolina Air Care*

- (2008, April). Pediatric Emergencies. Alamance County EMS, Graham, NC.
- (2008, May). Pediatric Emergency Skills Station. May Day Trauma Conference, Chapel Hill, NC.

**Helen Colucci-Hill**, BS, RN

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

(2007, October). Creation and Implementation of a Unit Based Skin Resource Team. National Health Care Quality Exposition, Chapel Hill, NC.

**Crista J Creedle**, BSN, RN, OCN

*Patient Services Manager III*

*6 East/5 Anderson*

(2008, April). Nursing Role in a Pilot Study on the Administration of Exercise in Acute Leukemia Patients During Chemotherapy. Sigma Theta Tau Celebration of Nursing Research at the University of North Carolina-Chapel Hill School of Nursing, Chapel Hill, NC.

**Katherine Duncan**, RN

*Clinical Nurse II*

*Radiology*

(2008, March). Laser Safety in Interventional Radiology. American Radiological Nurses Association Annual Convention, Washington, DC.

**Clarissa Edwards**, BSN, RN

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

(2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition, UNC Hospitals, Chapel Hill, NC.

**Emilia D Frederick**, MSN, RN, CEN

*Clinical Nurse II*

*Emergency Department*

(2008, March). Improving Nursing Education Through 21st Century Technology. Drexel University Technological Innovations In Nursing Conference, Hilton Head, SC.

**Barbara Fisher**, BSN, RN

*Clinical Nurse II*

*Radiology*

(2008, March). Superficial Venous Disease: A Guideline to Etiology, Diagnosis, Prevention, and Treatment. American Radiological Nurses Association Annual Convention, Washington, DC.

**Ernest J Grant**, MSN, RN

*Nursing Education Clinician II*

*NC Jaycee Burn Center*

- (2007, March). Nursing Care of the Burned Patient. North Carolina Association of Nursing Students Annual Convention, Wilmington, NC.
- (2007, April). The Nurse in You. Keynote Address, University of North Carolina at Chapel Hill School of Nursing Sigma Theta Tau Induction Ceremony, Chapel Hill, NC.
- (2007, May). Here...Hold my Beer. 19th Annual May Day Trauma Conference, UNC Hospitals, Chapel Hill, NC.
- (2007, May). Taking Stock in Myself. Keynote Address, Triad Region North Carolina Nurses Association, Clemmons, NC.
- (2007, September). The Nuts and Bolts of Healthcare. Keynote Address, MAHEC Health Careers Conference, Asheville, NC.
- (2007, September). Update - Emergency Burn Management. Caring-in-Motion Conference, Greensboro AHEC, Greensboro, NC.
- (2007, October). Update on Emergency Burn Care. Coastal AHEC/RAC. New Hanover Regional Medical Center, Wilmington, NC.
- (2007, October). Update on Burn Wounds and Wound Care Products. Association of Rehabilitation Nurses Annual Meeting, Washington, DC.
- (2007, November). Fire Safe Cigarettes... The Time is Now. 20th Annual Meeting of the Southern Regional Burn Conference, Augusta, GA.
- (2007, November). The Alarming Variability in Effectiveness of Commercially Available Bath Thermometers. 20th Annual Southern Region Burn Conference, Augusta, GA.
- (2008, April). Establishing Burn Prevention Programs in South Africa. Global Health Conference, Greensboro AHEC, Greensboro, NC.
- (2008, May). The Alarming Variability in Effectiveness of Commercially Available Bath Thermometers. 39th Annual Meeting of the American Burn Association,

Chicago, IL.

- (2008, May). What is a Nurse? Commencement Address, Lenoir Rhyne School of Nursing, Lenoir Rhyne College, Hickory, NC.
- (2008, May) The Effectiveness of Burn Center Legislative Lobbying: Passing the Fire-Safe Cigarette Act in a Tobacco Producing State. 39th Annual Meeting of the American Burn Association, Chicago, IL.
- (2008, November). The Alarming Variability in Effectiveness of Commercially Available Bath Thermometers. 20th Annual Southern Region Burn Conference, Augusta, GA.

**Mary S Harrington**, BSN, RN

*Patient Services Manager III*

*ACC Day Op*

(2008, March). Mission Possible: How You, Too, Can Plan and Join a Mission Trip. Annual Ambulatory PACU Conference, Chapel Hill, NC.

**Caroline Herd**, BSN, RN, CCRN

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

(2007, October). The MAC Bag. National Health Care Quality Week, Chapel Hill, NC.

**Sheena Hilton**, CNA

*Certified Nursing Assistant I*

*Cardiothoracic Intensive Care Unit*

(2007, October). Creation and Implementation of a Unit-Based Skin Resource Team. National Health Care Quality Exposition, Chapel Hill, NC.

**Ryan Hobbs**, BSN, RN

*Clinical Nurse II*

*NC Jaycee Burn Center*

- (2007, November). Evaluation of Consumer Bath Thermometers. Southern Region Burn Conference, Augusta, GA.
- (2008, May). The Alarming Variability in Effectiveness of Commercially Available Bath Thermometers. 39th Annual Meeting of the American Burn Association, Chicago, IL.

**Jennifer Hughes**, RN, CCRN

*Clinical Nurse III*

*Cardiothoracic Intensive Care Unit*

(2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition, Chapel Hill, NC.



**Meg LaFerriere**, BSN, RN, CCRN  
*Clinical Nurse II*  
*Cardiothoracic Intensive Care Unit*  
 (2007, October). The MAC Bag. National Health Care Quality Week, Chapel Hill, NC.

**Aaron Lemmon**, BSN, RN  
*Clinical Nurse II*  
*Cardiothoracic Intensive Care Unit*  
 (2007, October). The MAC Bag. National Health Care Quality Week, Chapel Hill, NC.

**Jeff Lynch**, BSN, RN  
*Clinical Nurse III*  
*Cardiothoracic Intensive Care Unit*  
 (2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition, Chapel Hill, NC.

**Catherine K Madigan**, MSN, RN, CNAA-BC  
*Director*  
*Heart Center and Inpatient Oncology*  
 (2008, June). Safety Huddles, Strategies for Courageous Leadership. 5th Annual Nurse Executive Leadership Conference, Chapel Hill, NC.

**Deirdre Maisano**, BSN, RN  
*Clinical Nurse III*  
*Cardiothoracic Intensive Care Unit*  
 • (2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Week, Chapel Hill, NC.  
 • (2008, May). Utilizing Evidence-Based Literature to Guide the Development of an Oral Care Protocol. National Teaching Institute and Critical Care Exposition, Chicago, IL.

**Meghan McCann**, BSN, RN  
*Patient Services Manager III*  
*Cardiothoracic Intensive Care Unit*  
 • (2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition, Chapel Hill, NC.  
 • (2007, October). Creation and Implementation of a Unit-Based Skin Resource Team. National Health Care Quality Exposition, Chapel Hill, NC.  
 • (2008, February) Core Measures - Why You Should Care. 5th Annual The Beat Goes On: The Continuum of Care in Cardiac Management Conference, Chapel Hill, NC.  
 • (2008, April). Core Measures Heart Failure

Discharge Teaching: A Quality Improvement Project. Institute for Health Improvement Health Professions Education Collaborative, Boston, MA.

- (2008, May). Utilizing Evidence-Based Literature to Guide the Development of an Oral Care Protocol. National Teaching Institute and Critical Care Exposition, Chicago, Illinois.
- (2008, May). Bridging the Gap Between the Novice and Expert Nurse: The Development of a Mentoring Program. National Teaching Institute and Critical Care Exposition, Chicago, IL.

**Sherri Morris**, RN  
*Clinical Nurse III*  
*Cardiothoracic Intensive Care Unit*  
 • (2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition. Chapel Hill, NC.  
 • (2007, October). Creation and Implementation of a Unit-Based Skin Resource Team. National Health Care Quality Exposition, Chapel Hill, NC.

**Theresa Patrick**, BSN, RN  
*Clinical Nurse II*  
*Carolina Air Care*  
 (2007, September). Pandemic Influenza Continuity of Operations. Nursing Management Congress, Chicago IL.

**Sheila S Roszell**, MSN, RN-BC  
*Clinical Nurse III*  
*5 Bedtower*  
 • (2007, August). Call Bell Response Time, Number of Call Bells and Patient Satisfaction. Poster presentation. North Carolina Organization of Nursing Leaders, Asheville, NC.  
 • (2007, October). Pain Air Improvement on 5 Bedtower; Quality Exposition UNC Hospitals  
 • (2007, October). Call Bell Response Time, Number of Call Bells and Patient Satisfaction; Quality Exposition UNC Hospitals.  
 • (2008, April). Plugging the Global Nursing Brain Drain, School of Public Health Global Health Research Day, Chapel Hill, NC.  
 • (2008, April). Call Bell Response Time, Number of Call Bells and Patient Satisfaction. Poster presentation. Sigma Theta Tau Research Day, UNC School of Nursing, Chapel Hill, NC.  
 • (2008, June). Barcoding for Point of Care

Excellence. Poster presentation. William and Ida Friday Center. Quality Improvement Day.

**Cherie A Smith-Miller**, MEd, RN-BC  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
 (2007, September). Basing Practice on Research – Asking WHY?. Annual Congress: The Society of Otorhinolaryngology and Head-Neck Nurses, Washington, DC.

**Cheryl Stewart**, BSN, RN, CNAA-BC  
*Patient Services Manager III*  
*5 Bedtower*  
 • (2007, August). RN Profile: A Tool to Help Build the Team You Need, To Build the Team of Your Dreams. North Carolina Organization of Nurse Leaders, 2007 Annual Meeting, Asheville, NC.  
 • (2007, October). RN Profile: A Tool to Help Build the Team You Need, To Build the Team of Your Dreams. UNC Hospitals 5th Annual Quality Symposium, Chapel Hill, NC.

**Vickie Strang**, BS, RN, CCRN  
*Clinical Nurse III*  
*Coronary Care Unit*  
 • (2008, June). Care of the STEMI Patient. Lenoir Hospital (Eastern AHEC), Kinston, NC.  
 • (2008, June). Advanced Hemodynamic Monitoring. Albermarle Hospital in conjunction with Eastern AHEC, Elizabeth City, NC.  
 • (2007, February). 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. UNC Heart Center The Beat Goes On, Chapel Hill, NC.  
 • (2007, November). Advanced Hemodynamic Monitoring. Eastern AHEC, Jacksonville, NC.  
 • (2007, October). Cardiac Update: Current Trends in Cardiology. Eastern AHEC, Goldsboro, NC.

**Cara Thompson**, MSN, RN-BC, BC-ADM, RD, LDN, CDE  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
 (2008, February). The Nurse's Role in Optimal Diabetes Management. Diabetes Management in the Hospital Setting, UNC School of Nursing CE Program, Chapel Hill, NC.

**David UpChurch, BS, RN**

*Clinical Nurse II*

*Cardiothoracic Intensive Care Unit*

(2007, October). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Exposition, Chapel Hill, NC.

**W Reid White, MSN, RN**

*Application Systems Analyst/Programmer II*

*Information Services Division*

(2007, August). Novel Use of NON-Interactive Gold Form - Pediatric MinMax Dose Checking. Siemens Innovations '07, Philadelphia, PA.

**Mauri Williams, MBA, MHA, RN, NE-BC**

*Patient Services Manager III*

*Newborn Critical Care Center*

(2007, September). Implementing an Interdisciplinary Approach to Reducing Chronic Lung Disease in Neonates, 2007 National Association of Neonatal Nurses Annual Meeting, San Diego, CA.

**Eric S Wolak, MSN, RN, CCNS, CCRN-CSC**

*Clinical Nurse IV*

*Cardiothoracic Intensive Care Unit*

- (2007, Oct). Survival Guide: The Development of a Unit Resource Tool. National Health Care Quality Week, Chapel Hill, NC.
- (2008, May). Utilizing Evidence-Based Literature to Guide the Development of an Oral Care Protocol. National Teaching Institute and Critical Care Exposition, Chicago, IL.
- (2008, May). Bridging the Gap Between the Novice and Expert Nurse: The Development of a Mentoring Program. National Teaching Institute and Critical Care Exposition, Chicago, IL.

## Professional Activities and Recognition

**JoAnn Belanger, RN, AAS**

*Patient Services Manager III / Radiology*

*UNC Program Manager / Wound, Hyperbaric Oxygenation, & Endovascular Clinics*

Peer Reviewer, *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Jacqueline M Harden, BSN, RN, NE-BC, CCRN**

*Patient Services Manager III*

*Coronary Care Unit*

CCU recognized for surpassing 365 consecutive days having no Ventilator-Associated Pneumonias, UNC Hospitals, April, 2008

**Annette Hayes, RN, CRN**

*Clinical Nurse III*

*Radiology*

Peer Reviewer, Nuclear Medicine chapter in *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Nilda Jimenez, BSN, RN, CRN**

*Clinical Nurse III*

*Radiology*

Peer Reviewer, Nuclear Medicine chapter in *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Lewis McKenzie, BSN, RN, CNA- BC**

*Patient Services Manager III*

*Medicine Intensive Care Unit*

- MICU recognized for significantly reducing the rate of catheter-associated bloodstream infections, UNC Hospitals, April, 2008.
- MICU recognized for surpassing 365 consecutive days having no Ventilator-Associated Pneumonias in MICU, UNC Hospitals, April, 2008.

**Barbara Overby, MSN, RN, CEN, EMT-P**

*Clinical Nurse Education Specialist*

*Nursing Practice, Education and Research*

- Peer Reviewer, Mosby's Nursing Consult for evidence-based nursing monographs.
- Peer Reviewer, Advanced Emergency Nursing Journal.

**Sheila Roszell, MSN, RN-BC**

*Clinical Nurse III*

*5 Bedtower*

Master's Thesis Research Project.

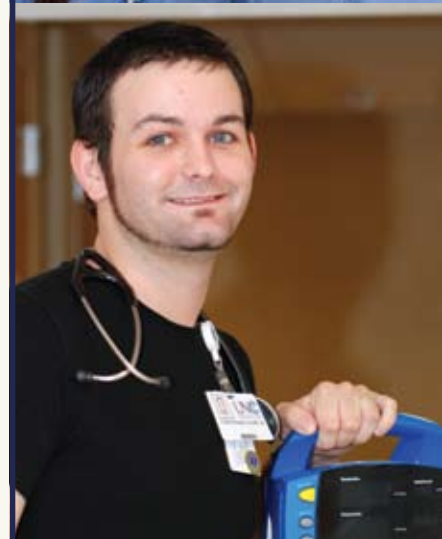
Roszell, S. MSN, RN, RN-BC (2007). Call Bell Response Time, Number of Call Bells and Patient Satisfaction. School of Nursing, UNC-Chapel Hill, Chapel Hill, NC.

**Linda Fowler Shahzad, MSN, RN-C**

*Clinical Nurse II*

*Labor and Delivery*

Peer Reviewer, Tucker, S., Miller, L., & Miller, D. (2007). Pocket Guide Series, *Fetal Monitoring, A Multidisciplinary Approach* (6th ed.). St. Louis, MO: Mosby Elsevier.







**Kathleen Shane, RN**  
*Clinical Nurse IV*  
*Radiology*  
 Peer Reviewer, *American Radiologic Nurses Association Core Curriculum, (2nd ed.)*.  
 Pensacola, FL: American Radiological Nurses Association.



**Catherine Sredzienski, BSN, RN**  
*Clinical Nurse III*  
*Radiology*  
 Peer Reviewer, *American Radiologic Nurses Association Core Curriculum, (2nd ed.)*.  
 Pensacola, FL: American Radiological Nurses Association.

## Professional Appointments

**Robert Bednar, MHS, BS, PA-C, EMT-P**  
*Paramedic Supervisor*  
*Carolina Air Care*

- Appointed, North Carolina OEMS Advisory Council Liaison for the North Carolina Academy of Physician Assistants, August, 2007
- Reappointed, North Carolina International Trauma Life Support Affiliate Faculty, North Carolina Chapter of International Trauma Life Support, 2008-2011
- Re-elected, President Guilford Physician Extenders, Regional Chapter of the North Carolina Academy of Physician Assistants, January, 2008

**Ernest J Grant, MSN, RN**  
*Nursing Education Clinician II*  
*NC Jaycee Burn Center*

- Appointed, Adjunct Associate Professor, UNC at Chapel Hill School of Nursing, 2008 - 2012
- Appointed, Adjunct Professor, University of South Carolina, Spartanburg, Mary Black School of Nursing, 2007 - 2009
- Appointed, Adjunct Professor, Watts School of Nursing, Durham, NC, 2008 - 2010
- Appointed, National Course Educator, Advanced Burn Life Support, 2008
- Elected, Chair of Nominating Committee, American Nurses Association, June, 2008-2012
- Elected President Elect 2008-2010, President 2010-2012, North Carolina Nurses Association

**Constance F Lanier, BSN, RN, CEN**  
*Clinical Nurse III*  
*Emergency Department*  
 Elected, President-Elect, Heart of Carolina Chapter, Emergency Nurses Association, 2008

**Barbara Overby, MSN, RN, CEN, EMT-P**  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
 Appointed, Adjunct Assistant Professor, Department of Emergency Medicine, UNC School of Medicine, 2007-2011

**Marilyn Pearson Morales, MSN, APRN, BC**  
 Appointed, UNC Hospitals representative, Board of Directors, Alpha Alpha Chapter, Sigma Theta Tau International Honor Society of Nursing, July, 2007

**Jeff Strickler, MA, RN**  
*Director, Emergency and Cardiovascular Services*  
 Appointed, President Elect, North Carolina Emergency Nurse Association, 2009

**Mary Tonges, PhD, RN, FAAN**  
*Senior Vice President & Chief Nursing Officer*  
*Nursing Administration*

- Appointed, Member of the American Organization of Nurse Executive's Strategic Planning Committee, American Organization of Nurse Executive's, 2008
- Appointed, Board of Directors, The Excellence Fund, UNC Medical Foundation, 2007-present
- Elected, Member of the American Organization of Nurse Executive's Nominations Committee, American Organization of Nurse Executive's, 2008-2009

## Professional Awards & Honors

**Diane Asbill, BSN, RN, IBCLC**  
*Lactation Consultant*  
*NC Women's and Children's Hospitals*  
 Lactation Consultant of the Year Award, Maternity Care Staff, UNC Hospitals, May, 2008

**Stacie Bonin, BSN, RN**  
*Clinical Nurse III*  
*7 Children's*  
 7 Children's Nurse of the Year, 7 Children's, May, 2008

**Tracy J Carroll, BSN, RN**  
*Clinical Nurse IV*  
*3 Anderson*  
 2008 Institute of Nursing Excellence, North Carolina Center for Nursing, February, 2008



**Jason Clark**, RN  
*Clinical Nurse II*  
*Carolina Air Care*  
PlusPeople Award, UNC Hospitals,  
September, 2007

**Catharine Colvin**  
*Trauma Registrar*  
*Trauma Program*  
PlusPeople Award, UNC Hospitals,  
March, 2008

**Sue Copeland Upchurch**, BSN, RN, CCRN  
*Clinical Nurse III*  
*Coronary Care Unit*  
2008 Institute of Nursing Excellence, North  
Carolina Center for Nursing, June, 2008

**Linda D Denton**, MSN, RN  
*Clinical Nurse III*  
*Newborn Critical Care Center*  
Newborn Critical Care Center Nurse of the  
Year, Newborn Critical Care Center,  
May, 2008

**Patt Dower**  
*Administrative Coordinator*  
*Surgery Inpatient Management*  
PlusPeople Award, UNC Hospitals,  
June, 2008

**Kim Guglielmo**, BSN, RN  
*Clinical Nurse III*  
*Newborn Critical Care Center*  
2008 Institute of Nursing Excellence,  
North Carolina Center for Nursing,  
February, 2008

**Linda Harlos**, BSN, RN-BC  
*Clinical Nurse III*  
*5 Bedtower*  
Great 100 Nurse Award, Great 100 Nurse  
Association of North Carolina,  
October, 2007

**Mary S Harrington**, BSN, RN  
*Patient Services Manager III*  
*ACC Day Op*  
Triangle Pre-op Nurse of the Year, Tar Heels  
East AORN Chapter, May, 2008

**Ebony Harvey**, BSN, RN  
*Clinical Nurse II*  
*Medicine Progressive Care Unit*  
PlusPeople Award, UNC Hospitals,  
December, 2007

**Ted Heiser**, MSN, RN  
*Clinical Nurse II*  
*Emergency Department*  
Outstanding Undergraduate Clinical  
Preceptor for the 14 month program 2007,  
University of North Carolina School of  
Nursing, July, 2007

**Ryan Hobbs**, BSN, RN  
*Clinical Nurse II*  
*NC Jaycee Burn Center*  
Best Non-Physician Paper Award, Southern  
Region Burn Conference, November, 2007

**Lisa Jenkins**, RN  
*Clinical Nurse II*  
*6 Bedtower*  
PlusPeople Award, UNC Hospitals,  
June, 2008

**Lisa Joyce**, RN  
*Clinical Nurse II*  
*5 West*  
PlusPeople Award, UNC Hospitals,  
December, 2007

**Pamela Judge**  
*Health Unit Coordinator*  
*6 Children's*  
PlusPeople Award, UNC Hospitals,  
December, 2007

**Ann Marie M Lee**, MPH, BSN, RN, CHES,  
OCN  
*Clinical Nurse IV*  
*6 East/5 Anderson*  
Great 100 Nurse Award, Great 100 Nurse  
Association of North Carolina,  
October, 2007

**Lara Leininger**, BSN, RN  
*Clinical Nurse III*  
*5 Bedtower*  
2007 Nursing Spectrum Southeast Region  
Excellence Award, Nursing Spectrum,  
November, 2007

**Deirdre Maisano**, BSN, RN  
*Clinical Nurse III*  
*Cardiothoracic Intensive Care Unit*  
School of Medicine Nurse Recognition  
Award, University of North Carolina School  
of Medicine, November, 2007

**Aaron Peak**  
*Clinical Support Technician*  
*Surgical Intensive Care Unit*  
PlusPeople Award, UNC Hospitals,  
March, 2008

**Leslie Polzien**, BSN, RN  
*Clinical Nurse II*  
*5 Bedtower*  
Selected, Co-Chair of Nursing Shared  
Governance Council on Quality, Division of  
Nursing, UNC Hospitals, March, 2008

**Holly Rabinovich**, BSN, RN-BC  
*Clinical Nurse III*  
*5 Bedtower*  
• Great 100 Nurse Award, Great 100 Nurse  
Association of North Carolina,  
October, 2007  
• 2008 Institute for Nursing Excellence,  
North Carolina Center for Nursing,  
June, 2008

**Kelly L Revels**, MSN, RN, CEN, CCRN  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Inducted, Omicron Delta Chapter, Sigma  
Theta Tau International Honor Society of  
Nursing, July, 2007

**Sheila Roszell**, MSN, RN-BC  
*Clinical Nurse III*  
*5 Bedtower*  
Great 100 Nurse Award, Great 100  
Nurse Association of North Carolina,  
October, 2007

**Sherri A Sartin**, BSN, RN  
*Clinical Nurse II*  
*6 Children's*  
11 gallon pin for whole blood donation,  
American Red Cross, March, 2008

**Angela D Spruill**, BSN, RN, OCN  
*Clinical Nurse III*  
*Bone Marrow Transplant Unit*  
Oncology Nursing Excellence Award, UNC  
Lineberger Comprehensive Cancer Center,  
November, 2007

**Sandy Taylor**, RN  
*Clinical Nurse II*  
*Newborn Critical Care Center*  
PlusPeople Award, UNC Hospitals,  
March, 2008



**Shannon Willoughby, RN**  
*Clinical Nurse II*  
*Labor and Delivery*  
PlusPeople Award, UNC Hospitals,  
June, 2008

**Lita Wilson**  
*Health Unit Coordinator*  
*Bone Marrow Transplant Unit*  
PlusPeople Award, UNC Hospitals,  
June, 2008

**Eric S Wolak, MSN, RN, CCNS, CCRN-CSC**  
*Clinical Nurse IV*  
*Cardiothoracic Intensive Care Unit*  
PlusPeople Award, UNC Hospitals,  
March, 2008

**Lindsay Yount, BS, RN**  
*Clinical Nurse III*  
*5 Children's*  
PlusPeople Award, UNC Hospitals,  
September, 2007

## Publications

**Diane T Asbill, BSN, RN, IBCLC**  
*Lactation Consultant*  
*NC Women's & Children's Hospitals*  
Asbill, D.T. (2007). Breast milk: handling and storage of expressed human milk. In V.R. Bowden & C.S. Greenberg (Eds.), *Pediatric nursing procedures* (2nd ed.), (pp.160 – 163). Philadelphia, PA: Lippincott Williams & Wilkins.

**JoAnn Belanger, RN, AAS**  
*Patient Services Manager III/Radiology*  
*UNC Program Manager/Wound, Hyperbaric Oxygenation, & Endovascular Clinics*  
Shane, K., Belanger, J., Silberman, D., and Gaston, S., (2008). Computed Tomography. *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Barbara Fisher, BSN, RN**  
*Clinical Nurse II*  
*Radiology*  
Sasso, C.M., Fisher, B., Moser, E., McKenna Rodriguez, M., Kramer, M., Sredzienski, C., Smith, K., Denz, D., Yellen, M., Scibilia, R., Duncan, K. (2008). Vascular Procedures. *Ameri-*

*can Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Ernest J Grant, MSN, RN**  
*Nursing Education Clinician II*  
*NC Jaycee Burn Center*  
Grant, E; Eksteen, R. (2008) Fire and Life Safety Education Messages. *20th Edition Fire Protection Handbook*. Vol. 1. National Fire Protection Press.  
Wolak, E.S., Grant, E.J., & Hardin, S.R. (2007). Shock. In R. Kaplow & S.R. Hardin (Eds.) *Critical care nursing: Synergy for optimal outcomes*, (pp. 243-255). Jones & Bartlett: Boston, MA.

**Catherine K Madigan, MSN, RN, CNAA-BC**  
*Director*  
*Heart Center and Inpatient Oncology*  
Griffin, V. & Madigan, C.K. (2007). Incorporating patient safety initiatives into nursing practice. *Nurse Leader*, 5(6), 34-37.

**Barbara Overby, MSN, RN, CEN, EMT-P**  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Overby, B.A. Methicillin-resistant staphylococcus aureus. Evidence-Based Nursing Monographs. Mosby's Nursing Consult Web site <http://www.nursingconsult.com/das/ebnm/view/90149113-2>. Published October 28, 2007.

Hawkins, E.R., Brice, J.H., & Overby, B.A. (2007). Welcome to the world: Findings from an emergency medical services pediatric injury prevention program. *Pediatric Emergency Care*, 23(11), 790 – 795.

**Mary McKenna Rodriguez, BSN, RN**  
*Clinical Nurse II*  
*Radiology*  
Sasso, C.M., Fisher, B., Moser, E., McKenna Rodriguez, M., Kramer, M., Sredzienski, C., Smith, K., Denz, D., Yellen, M., Scibilia, R., Duncan, K. (2008). Vascular Procedures. *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Linda Fowler Shahzad, MSN, RN-C**  
*Clinical Nurse II*  
*Labor and Delivery*  
Shahzad, L.F. (2007). *Fetal assessment during labor*. D. Lowdermilk and S. Perry (Eds.) *Maternity and women's health care* (9th ed.), (pp. 497-516). St. Louis, MO: Mosby.

**Kathleen Shane, RN**  
*Clinical Nurse IV*  
*Radiology*  
Shane, K., Belanger, J., Silberman, D., and Gaston, S., (2008). Computed Tomography. *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Catherine Sredzienski, BSN, RN**  
*Clinical Nurse III*  
*Radiology*  
Sasso, C.M., Fisher, B., Moser, E., McKenna Rodriguez, M., Kramer, M., Sredzienski, C., Smith, K., Denz, D., Yellen, M., Scibilia, R., Duncan, K. (2008). Vascular Procedures. *American Radiologic Nurses Association Core Curriculum*, (2nd ed.). Pensacola, FL: American Radiological Nurses Association.

**Vickie Strang, BS, RN, CCRN**  
*Clinical Nurse III*  
*Coronary Care Unit*  
Strang, V. (2007). The nuts and bolts of right heart catheterization. G. Stouffer (Ed.) *Cardiovascular Hemodynamics for the Clinician*, (pp. 22-37). Boston: Blackwell Publishing.

**Cara Thompson, MSN, RN-BC, BC-ADM, RD, LDN, CDE**  
*Clinical Nurse Education Specialist*  
*Nursing Practice, Education and Research*  
Braithwaite, S.S., Mehotra, H.P., Robertson, B., McElveen, L.M., & Thompson, C.L. (2007). Managing hyperglycemia in hospitalized patients: Insulin therapy in Type 2 diabetes. *Clinical Cornerstone*, 8(2), 44 – 51.

**Eric S Wolak**, MSN, RN, CCNS, CCRN-CSC  
Clinical Nurse IV

Cardiothoracic Intensive Care Unit

Wolak, E.S., Cairns, B.A., & Smith, E. (2008).

Nursing grand rounds as a medium for the continuing education of nurses. *Journal of Continuing Education in Nursing*, 39(4), 173-178.

### Promotions to Clinical Nurse III

**Thomas Allen**, Radiology Nursing

**Alicia Bass**, 5 East

**Susan Bauman**, Coronary Care Unit

**Charlene Bess**, 3 West

**Delia Blackmon**, Maternity Center

**Warrie Boland**, Maternity Center

**Alberto Bonifacio**, Emergency Department

**Maria Bunch**, 3 Neurosciences

**Maria Lilia Camince**, Anderson 4 South

**Kimberly Carrington**, Anderson 4 South

**Lindsey Clayton**, 5 Bedtower

**Elissa Collins-Yoder**,

Postanesthesia Care Unit

**Loretta Coutinho**, 3 West

**Elizabeth De Prater**, 7 Children's

**Patricia Decator**,

Oncology OutPatient Infusion Center

**Anna Freeman**,

Children's Intermediate Cardiac Care

**Lauren Harrison**, NC Jaycee Burn Center

**Susan Hartmeier**,

Neurosurgical Intensive Care Unit

**Annette Hayes**, Radiology Nursing

**Amy Hennessey**, 6 Children's

**Karen Hill**, Newborn Critical Care Center

**Nilda Jimenez**, Radiology Nursing

**Harpreet Kaur**, 4 Neurosciences

**Michael Langston**, 6 Neurosciences

**Michelle McDevitt**,

Medical Intensive Care Unit

**Bethany McHugh**,

Surgical Intensive Care Unit

**Amy McPherson**, Rehabilitation Center

**Ellyn McQueen**,

Neurosurgical Intensive Care Unit

**Judith Miller**, Radiology Nursing

**Jamie Munn**, 6 Children's

**Mark Petraglia**, Medical Intensive Care Unit

**Michael Piscitello**,

Neurosurgical Intensive Care Unit

**Maryanne Randolph**, 6 East

**Rebecca Richardson**, 5 East

**Michelle Semmes**,

Surgical Intensive Care Unit

**Delita Shearl**, 5 Neurosciences

**Elizabeth Shrader**, Emergency Department

**Emily Smith**, 3 Anderson

**Paula Stinson**, 5 Children's

**Warren Stinson**, Emergency Department

**Heidi Troxler**, 6 Children's

**Glory Udeaja**, 4 Neurosciences

**Dana Walker**, 7 Children's

**Adrianne West**,

Medical Intensive Care Unit

**Bryan White**, Surgical Intensive Care Unit

**Christopher Williams**, Critical Care Transport

**Lynn Zambrano**, 4 Neurosciences

### Promotions to Clinical Nurse IV

**Adriene Allen**, 8 Bedtower

**Tracy Carroll**, 3 Anderson

**Lisbeth Coulombe**, Labor and Delivery

**Shelley Dillon**,

Intermediate Surgical Care Unit

**Linda Drogos**, 5 West

**Kittra Felton**, 3 West

**Erin Graham**, 5 Children's

**Beverley Hilliard**, 8 Bedtower

**Thomas Hooks**, Critical Care Transport

**Tasha Lea**, 4 Anderson North

**Ann Marie Lee**, 6 East

**Angela Overman**,

Neurosurgical Intensive Care Unit

**Daniel Pater**, 3 Neurosciences

**Christa Seaman**, Coronary Care Unit

**Lisa Teal**, Radiology Nursing

**Holly Weaver**, Surgical ICU

**Susan Wood**, 7 Children's



### Many thanks to the 2008 Fiscal Year Nursing Annual Report Planning Committee:

Linda Bryant-Hampton  
Elizabeth DePrater  
Nilda Jimenez  
Susie Mason

Nimisha Patel  
Peggy Mattingly  
Marilyn Pearson-Morales  
Mary Tonges

Joanne Taylor  
Glory Udeaja  
Eric Wolak



2,500 COPIES OF THIS DOCUMENT WERE PRODUCED  
AT A COST OF \$6,830 OR \$2.73 PER PIECE.

PRODUCED BY THE DIVISION OF NURSING AT UNC HOSPITALS,  
OCTOBER, 2008

PHOTOGRAPHY BY PAUL BRALY, UNC-CH SCHOOL OF MEDICINE,  
OFFICE OF INFORMATION SYSTEMS, AND PEGGY MATTINGLY, BA, RN,  
NURSING PRACTICE, EDUCATION AND RESEARCH

DESIGN BY CAI COMMUNICATIONS  
RALEIGH, NORTH CAROLINA